Local Coverage Determination (LCD) for Pulse Oximetry (L28296)

Contractor Information

Contractor Name Palmetto GBA Back to Top Contractor Number 01102

Contractor Type MAC - Part B

LCD Information

Document Information

LCD ID Number L28296

LCD Title Pulse Oximetry

Contractor's Determination Number

J1B-08-0068-L

AMA CPT/ADA CDT Copyright Statement

CPT codes, descriptions and other data only are copyright 2011 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply. Current Dental Terminology, (CDT) (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright by the American Dental Association. © 2002, 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

Primary Geographic Jurisdiction California - Northern

Oversight Region Region X

Original Determination Effective Date For services performed on or after 09/02/2008

Original Determination Ending Date

Revision Effective Date For services performed on or after 10/01/2011

Revision Ending Date

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A), allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Title 42 Code of Federal Regulations, §410.32, specifies that all diagnostic test "must be ordered by the physician who is treating the beneficiary."

The Code of Federal Regulations (CFR), 42 CFR §411.15(k)(1), states any services that are not reasonable and necessary are excluded from coverage.

CMS Manual System, Publication 100-08, *Medicare Program Integrity Manual*, Chapter 3, §3.4.1.3,B, Diagnosis Codes Requirement.

CMS Manual System, Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §80.6.1, Physician Signature Requirements for Diagnostic Tests.

Indications and Limitations of Coverage and/or Medical Necessity

Oximetry measures oxygen saturation using a non-invasive probe. This is done by measuring light absorption of oxygenated hemoglobin and total hemoglobin in arterial blood.

Printed on 11/15/2011. Page 1 of 34

Medicare will allow payment for oximetry when accompanied by an appropriate ICD-9-CM code for a pulmonary disease(s) which is/are commonly associated with oxygen desaturation. Routine use of oximetry is non-covered.

Medically necessary reasons for pulse oximetry include:

1. Patient exhibits signs or symptoms of acute respiratory dysfunction such as:

- Tachypnea
- Dyspnea
- Cyanosis
- Respiratory distress
- Confusion
- Hypoxia

2. Patient has chronic lung disease, severe cardiopulmonary disease, or neuromuscular disease involving the muscles of respiration, and oximetry is needed for at least one of the following reasons:

- Initial evaluation to determine the severity of respiratory impairment;
- evaluation of an acute change in condition;
- evaluation of exercise tolerance in a patient with respiratory disease, or
- evaluation to establish medical necessity of oxygen therapeutic regimen.

3. Patient has sustained severe multiple trauma or complains of acute severe chest pain

4. Patient is under treatment with a medication with known pulmonary toxicity and oximetry is medically necessary to monitor for potential adverse effects of therapy.

The results of tests performed by a durable medical equipment supplier to qualify patients for home oxygen service are not covered.

Procedure code 94762 is considered medically necessary when performed for one of the following circumstances:

1. The patient has a condition for which intermittent arterial blood gas sampling is likely to miss important variations, or

2. The patient has a condition resulting in hypoxemia and there is a need to assess supplemental oxygen requirements and/or a therapeutic regimen.

In outpatient or home management for patients with chronic cardiopulmonary problems, pulse oximetry determinations once or twice a year are considered reasonable. In all instances, there must be a documented request by a physician/nonphysician provider in the medical record for these services. Regular or routine testing will not be allowed for reimbursement. In all circumstances, testing would be expected to be useful in the continued management of a patient particularly in acute exacerbations or unstable conditions (e.g., acute bronchitis in a patient with COPD) where increased frequency of testing would be considered for coverage purposes.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

Back to Top

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

| 999x Not Applicable | |
|---------------------|--|
|---------------------|--|

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

| 99999 | Not Applicable |
|-------|----------------|

CPT/HCPCS Codes GroupName

| 194760 | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION |
|--------|---|
| U/1/61 | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE DETERMINATIONS (EG, DURING EXERCISE) |
| | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDURE) |

ICD-9 Codes that Support Medical Necessity

These are the only covered ICD-9-CM Codes for CPT codes 94760 and 94761:

| 011.00 | TUBERCULOSIS OF LUNG INFILTRATIVE CONFIRMATION UNSPECIFIED |
|--------|---|
| 011.01 | TUBERCULOSIS OF LUNG INFILTRATIVE BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE |
| 011.02 | TUBERCULOSIS OF LUNG INFILTRATIVE BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT) |
| 011.03 | TUBERCULOSIS OF LUNG INFILTRATIVE TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY |
| 011.04 | TUBERCULOSIS OF LUNG INFILTRATIVE TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE |
| 011.05 | TUBERCULOSIS OF LUNG INFILTRATIVE TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY |
| 011.06 | TUBERCULOSIS OF LUNG INFILTRATIVE TUBERCLE BACILLI NOT FOUND BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS) |
| 011.10 | TUBERCULOSIS OF LUNG NODULAR UNSPECIFIED EXAMINATION |
| 011.11 | TUBERCULOSIS OF LUNG NODULAR BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE |
| 011.12 | TUBERCULOSIS OF LUNG NODULAR BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT) |
| 011.13 | TUBERCULOSIS OF LUNG NODULAR TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY |
| 011.14 | TUBERCULOSIS OF LUNG NODULAR TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE |
| 011.15 | TUBERCULOSIS OF LUNG NODULAR TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY |
| 011.16 | TUBERCULOSIS OF LUNG NODULAR TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS) |
| 011.20 | TUBERCULOSIS OF LUNG WITH CAVITATION UNSPECIFIED EXAMINATION |
| 011.21 | TUBERCULOSIS OF LUNG WITH CAVITATION BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE |

| 011.22 | TUBERCULOSIS OF LUNG WITH CAVITATION BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT) |
|--------|---|
| 011.23 | TUBERCULOSIS OF LUNG WITH CAVITATION TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY |
| 011.24 | TUBERCULOSIS OF LUNG WITH CAVITATION TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE |
| 011.25 | TUBERCULOSIS OF LUNG WITH CAVITATION TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY |
| 011.26 | TUBERCULOSIS OF LUNG WITH CAVITATION TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS) |
| 011.30 | TUBERCULOSIS OF BRONCHUS UNSPECIFIED EXAMINATION |
| 011.31 | TUBERCULOSIS OF BRONCHUS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE |
| 011.32 | TUBERCULOSIS OF BRONCHUS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT) |
| 011.33 | TUBERCULOSIS OF BRONCHUS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY |
| 011.34 | TUBERCULOSIS OF BRONCHUS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND IN BACTERIAL CULTURE |
| 011.35 | TUBERCULOSIS OF BRONCHUS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY |
| 011.36 | TUBERCULOSIS OF BRONCHUS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS) |
| 011.40 | TUBERCULOUS FIBROSIS OF LUNG UNSPECIFIED EXAMINATION |
| 011.41 | TUBERCULOUS FIBROSIS OF LUNG BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE |
| 011.42 | TUBERCULOUS FIBROSIS OF LUNG BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION UNKNOWN (AT PRESENT) |
| 011.43 | TUBERCULOUS FIBROSIS OF LUNG TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY |
| 011.44 | TUBERCULOUS FIBROSIS OF LUNG TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE |
| 011.45 | TUBERCULOUS FIBROSIS OF LUNG TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY |
| 011.46 | TUBERCULOUS FIBROSIS OF LUNG TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS) |
| 011.50 | TUBERCULOUS BRONCHIECTASIS UNSPECIFIED EXAMINATION |
| 011.51 | TUBERCULOUS BRONCHIECTASIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE |
| 011.52 | TUBERCULOUS BRONCHIECTASIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT) |
| 011.53 | TUBERCULOUS BRONCHIECTASIS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY |
| 011.54 | TUBERCULOUS BRONCHIECTASIS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE |
| 011.55 | TUBERCULOUS BRONCHIECTASIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY |
| 011.56 | |

| | TUBERCULOUS BRONCHIECTASIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS) |
|--------|---|
| 011.60 | TUBERCULOUS PNEUMONIA (ANY FORM) UNSPECIFIED EXAMINATION |
| 011.61 | TUBERCULOUS PNEUMONIA (ANY FORM) BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE |
| 011.62 | TUBERCULOUS PNEUMONIA (ANY FORM) BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT) |
| 011.63 | TUBERCULOUS PNEUMONIA (ANY FORM) TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY |
| 011.64 | TUBERCULOUS PNEUMONIA (ANY FORM) TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE |
| 011.65 | TUBERCULOUS PNEUMONIA (ANY FORM) TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY |
| 011.66 | TUBERCULOUS PNEUMONIA (ANY FORM) TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS) |
| 011.70 | TUBERCULOUS PNEUMOTHORAX UNSPECIFIED EXAMINATION |
| 011.71 | TUBERCULOUS PNEUMOTHORAX BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE |
| 011.72 | TUBERCULOUS PNEUMOTHORAX BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT) |
| 011.73 | TUBERCULOUS PNEUMOTHORAX TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY |
| 011.74 | TUBERCULOUS PNEUMOTHORAX TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE |
| 011.75 | TUBERCULOUS PNEUMOTHORAX TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY |
| 011.76 | TUBERCULOUS PNEUMOTHORAX TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS) |
| 011.80 | OTHER SPECIFIED PULMONARY TUBERCULOSIS UNSPECIFIED CONFIRMATION |
| 011.81 | OTHER SPECIFIED PULMONARY TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE |
| 011.82 | OTHER SPECIFIED PULMONARY TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT) |
| 011.83 | OTHER SPECIFIED PULMONARY TUBERCULOSIS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY |
| 011.84 | OTHER SPECIFIED PULMONARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE |
| 011.85 | OTHER SPECIFIED PULMONARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY |
| 011.86 | OTHER SPECIFIED PULMONARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS) |
| 011.90 | UNSPECIFIED PULMONARY TUBERCULOSIS CONFIRMATION UNSPECIFIED |
| 011.91 | UNSPECIFIED PULMONARY TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE |
| 011.92 | UNSPECIFIED PULMONARY TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT) |
| 011.93 | UNSPECIFIED PULMONARY TUBERCULOSIS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY |
| 011.94 | |

| | UNSPECIFIED PULMONARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE |
|--------|---|
| 011.95 | UNSPECIFIED PULMONARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY |
| 011.96 | UNSPECIFIED PULMONARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS) |
| 012.80 | OTHER SPECIFIED RESPIRATORY TUBERCULOSIS UNSPECIFIED EXAMINATION |
| 012.81 | OTHER SPECIFIED RESPIRATORY TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE |
| 012.82 | OTHER SPECIFIED RESPIRATORY TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT) |
| 012.83 | OTHER SPECIFIED RESPIRATORY TUBERCULOSIS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY |
| 012.84 | OTHER SPECIFIED RESPIRATORY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE |
| 012.85 | OTHER SPECIFIED RESPIRATORY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY |
| 012.86 | OTHER SPECIFIED RESPIRATORY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS) |
| 020.3 | PRIMARY PNEUMONIC PLAGUE |
| 020.4 | SECONDARY PNEUMONIC PLAGUE |
| 020.5 | PNEUMONIC PLAGUE UNSPECIFIED |
| 021.2 | PULMONARY TULAREMIA |
| 039.1 | PULMONARY ACTINOMYCOTIC INFECTION |
| 052.1 | VARICELLA (HEMORRHAGIC) PNEUMONITIS |
| 073.0 | ORNITHOSIS WITH PNEUMONIA |
| 130.4 | PNEUMONITIS DUE TO TOXOPLASMOSIS |
| 135 | SARCOIDOSIS |
| 136.21 | SPECIFIC INFECTION DUE TO ACANTHAMOEBA |
| 136.29 | OTHER SPECIFIC INFECTIONS BY FREE-LIVING AMEBAE |
| 136.3 | PNEUMOCYSTOSIS |
| 162.0 | MALIGNANT NEOPLASM OF TRACHEA |
| 162.2 | MALIGNANT NEOPLASM OF MAIN BRONCHUS |
| 162.3 | MALIGNANT NEOPLASM OF UPPER LOBE BRONCHUS OR LUNG |
| 162.4 | MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS OR LUNG |
| 162.5 | MALIGNANT NEOPLASM OF LOWER LOBE BRONCHUS OR LUNG |
| 162.8 | MALIGNANT NEOPLASM OF OTHER PARTS OF BRONCHUS OR LUNG |
| 162.9 | MALIGNANT NEOPLASM OF BRONCHUS AND LUNG UNSPECIFIED |
| 197.0 | SECONDARY MALIGNANT NEOPLASM OF LUNG |
| 277.02 | CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS |
| 277.6 | OTHER DEFICIENCIES OF CIRCULATING ENZYMES |
| 277.88 | TUMOR LYSIS SYNDROME |
| 293.0 | DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE |
| 298.9 | UNSPECIFIED PSYCHOSIS |
| 335.20 | AMYOTROPHIC LATERAL SCLEROSIS |
| 335.21 | PROGRESSIVE MUSCULAR ATROPHY |
| 357.0 | ACUTE INFECTIVE POLYNEURITIS |
| 358.00 | MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION |
| | |

Printed on 11/15/2011. Page 6 of 34

| 413.9 | OTHER AND UNSPECIFIED ANGINA PECTORIS |
|--------|--|
| 415.0 | ACUTE COR PULMONALE |
| 415.11 | IATROGENIC PULMONARY EMBOLISM AND INFARCTION |
| 415.12 | SEPTIC PULMONARY EMBOLISM |
| 415.13 | SADDLE EMBOLUS OF PULMONARY ARTERY |
| 415.19 | OTHER PULMONARY EMBOLISM AND INFARCTION |
| 416.0 | PRIMARY PULMONARY HYPERTENSION |
| 416.1 | KYPHOSCOLIOTIC HEART DISEASE |
| 416.2 | CHRONIC PULMONARY EMBOLISM |
| 416.8 | OTHER CHRONIC PULMONARY HEART DISEASES |
| 416.9 | CHRONIC PULMONARY HEART DISEASE UNSPECIFIED |
| 428.0 | CONGESTIVE HEART FAILURE UNSPECIFIED |
| 428.1 | LEFT HEART FAILURE |
| 428.9 | HEART FAILURE UNSPECIFIED |
| 464.00 | ACUTE LARYNGITIS WITHOUT OBSTRUCTION |
| 464.01 | ACUTE LARYNGITIS WITH OBSTRUCTION |
| 464.10 | ACUTE TRACHEITIS WITHOUT OBSTRUCTION |
| 464.11 | ACUTE TRACHEITIS WITH OBSTRUCTION |
| 464.20 | ACUTE LARYNGOTRACHEITIS WITHOUT OBSTRUCTION |
| 464.21 | ACUTE LARYNGOTRACHEITIS WITH OBSTRUCTION |
| 464.30 | ACUTE EPIGLOTTITIS WITHOUT OBSTRUCTION |
| 464.31 | ACUTE EPIGLOTTITIS WITH OBSTRUCTION |
| 464.4 | CROUP |
| 464.50 | SUPRAGLOTTITIS UNSPECIFIED WITHOUT OBSTRUCTION |
| 464.51 | SUPRAGLOTTITIS UNSPECIFIED WITH OBSTRUCTION |
| 466.0 | ACUTE BRONCHITIS |
| 466.11 | ACUTE BRONCHIOLITIS DUE TO RESPIRATORY SYNCYTIAL VIRUS (RSV) |
| 466.19 | ACUTE BRONCIOLITIS DUE TO OTHER INFECTIOUS ORGANISMS |
| 478.70 | UNSPECIFIED DISEASE OF LARYNX |
| 478.71 | CELLULITIS AND PERICHONDRITIS OF LARYNX |
| 478.74 | STENOSIS OF LARYNX |
| 478.75 | LARYNGEAL SPASM |
| 478.79 | OTHER DISEASES OF LARYNX |
| 478.8 | UPPER RESPIRATORY TRACT HYPERSENSITIVITY REACTION SITE UNSPECIFIED |
| 478.9 | OTHER AND UNSPECIFIED DISEASES OF UPPER RESPIRATORY TRACT |
| 480.0 | PNEUMONIA DUE TO ADENOVIRUS |
| 480.1 | PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS |
| 480.2 | PNEUMONIA DUE TO PARAINFLUENZA VIRUS |
| 480.3 | PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS |
| 480.8 | PNEUMONIA DUE TO OTHER VIRUS NOT ELSEWHERE CLASSIFIED |
| 480.9 | VIRAL PNEUMONIA UNSPECIFIED |
| 481 | PNEUMOCOCCAL PNEUMONIA [STREPTOCOCCUS PNEUMONIAE PNEUMONIA] |
| 482.1 | PNEUMONIA DUE TO PSEUDOMONAS |
| 482.30 | PNEUMONIA DUE TO STREPTOCOCCUS UNSPECIFIED |
| 482.31 | PNEUMONIA DUE TO STREPTOCOCCUS GROUP A |
| 482.32 | PNEUMONIA DUE TO STREPTOCOCCUS GROUP B |
| 482.39 | PNEUMONIA DUE TO OTHER STREPTOCOCCUS |
| 482.40 | PNEUMONIA DUE TO STAPHYLOCOCCUS UNSPECIFIED |
| 482.41 | METHICILLIN SUSCEPTIBLE PNEUMONIA DUE TO STAPHYLOCOCCUS AUREUS |
| 482.42 | METHICILLIN RESISTANT PNEUMONIA DUE TO STAPHYLOCOCCUS AUREUS |

| 482.49 | OTHER STAPHYLOCOCCUS PNEUMONIA |
|------------|---|
| 482.81 | PNEUMONIA DUE TO ANAEROBES |
| 482.82 | PNEUMONIA DUE TO ESCHERICHIA COLI [E.COLI] |
| 482.83 | PNEUMONIA DUE TO OTHER GRAM-NEGATIVE BACTERIA |
| 482.84 | PNEUMONIA DUE TO LEGIONNAIRES' DISEASE |
| 482.89 | PNEUMONIA DUE TO OTHER SPECIFIED BACTERIA |
| 483.0 | PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE |
| 483.1 | PNEUMONIA DUE TO CHLAMYDIA |
| 483.8 | PNEUMONIA DUE TO OTHER SPECIFIED ORGANISM |
| 484.1 | PNEUMONIA IN CYTOMEGALIC INCLUSION DISEASE |
| 484.3 | PNEUMONIA IN WHOOPING COUGH |
| 484.5 | PNEUMONIA IN ANTHRAX |
| 484.6 | PNEUMONIA IN ANTIRAX PNEUMONIA IN ASPERGILLOSIS |
| 484.7 | PNEUMONIA IN ASPERGILLOSIS PNEUMONIA IN OTHER SYSTEMIC MYCOSES |
| 484.8 | PNEUMONIA IN OTHER STSTEMIC INTCOSES PNEUMONIA IN OTHER INFECTIOUS DISEASES CLASSIFIED ELSEWHERE |
| | |
| 485 486 | BRONCHOPNEUMONIA ORGANISM UNSPECIFIED PNEUMONIA ORGANISM UNSPECIFIED |
| | |
| 487.0 | |
| 487.1 | INFLUENZA WITH OTHER RESPIRATORY MANIFESTATIONS |
| 490 | BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC |
| 491.1 | |
| 491.20 | OBSTRUCTIVE CHRONIC BRONCHITIS WITHOUT EXACERBATION |
| 491.21 | OBSTRUCTIVE CHRONIC BRONCHITIS WITH (ACUTE) EXACERBATION |
| 492.0 | EMPHYSEMATOUS BLEB |
| 492.8 | OTHER EMPHYSEMA |
| 493.00 | EXTRINSIC ASTHMA UNSPECIFIED |
| 493.01 | EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS |
| 493.02 | EXTRINSIC ASTHMA WITH (ACUTE) EXACERBATION |
| 493.10 | INTRINSIC ASTHMA UNSPECIFIED |
| 493.11 | INTRINSIC ASTHMA WITH STATUS ASTHMATICUS |
| 493.12 | INTRINSIC ASTHMA WITH (ACUTE) EXACERBATION |
| 493.20 | CHRONIC OBSTRUCTIVE ASTHMA UNSPECIFIED |
| 493.21 | CHRONIC OBSTRUCTIVE ASTHMA WITH STATUS ASTHMATICUS |
| 493.22 | CHRONIC OBSTRUCTIVE ASTHMA WITH (ACUTE) EXACERBATION |
| 493.81 | EXERCISE-INDUCED BRONCHOSPASM |
| 493.82 | COUGH VARIANT ASTHMA |
| 493.90 | ASTHMA UNSPECIFIED |
| 493.91 | ASTHMA UNSPECIFIED TYPE WITH STATUS ASTHMATICUS |
| 493.92 | ASTHMA UNSPECIFIED WITH (ACUTE) EXACERBATION |
| 494.0 | BRONCHIECTASIS WITHOUT ACUTE EXACERBATION |
| 494.1 | BRONCHIECTASIS WITH ACUTE EXACERBATION |
| 495.0 | FARMERS' LUNG |
| 495.1 | BAGASSOSIS |
| 495.2 | BIRD-FANCIERS' LUNG |
| 495.3 | SUBEROSIS |
| 495.4 | MALT WORKERS' LUNG |
| 495.5 | MUSHROOM WORKERS' LUNG |
| 495.6 | MAPLE BARK-STRIPPERS' LUNG |
| 495.7 | 'VENTILATION' PNEUMONITIS |
| 495.8 | OTHER SPECIFIED ALLERGIC ALVEOLITIS AND PNEUMONITIS |
| | |

| 495.9 | UNSPECIFIED ALLERGIC ALVEOLITIS AND PNEUMONITIS |
|--------|---|
| 496 | CHRONIC AIRWAY OBSTRUCTION NOT ELSEWHERE CLASSIFIED |
| 500 | COAL WORKERS' PNEUMOCONIOSIS |
| 501 | ASBESTOSIS |
| 502 | PNEUMOCONIOSIS DUE TO OTHER SILICA OR SILICATES |
| 503 | PNEUMOCONIOSIS DUE TO OTHER INORGANIC DUST |
| 504 | PNEUMONOPATHY DUE TO INHALATION OF OTHER DUST |
| 505 | PNEUMOCONIOSIS UNSPECIFIED |
| 506.0 | BRONCHITIS AND PNEUMONITIS DUE TO FUMES AND VAPORS |
| 506.1 | ACUTE PULMONARY EDEMA DUE TO FUMES AND VAPORS |
| 506.2 | UPPER RESPIRATORY INFLAMMATION DUE TO FUMES AND VAPORS |
| 506.3 | OTHER ACUTE AND SUBACUTE RESPIRATORY CONDITIONS DUE TO FUMES AND VAPORS |
| 506.4 | CHRONIC RESPIRATORY CONDITIONS DUE TO FUMES AND VAPORS |
| 506.9 | UNSPECIFIED RESPIRATORY CONDITIONS DUE TO FUMES AND VAPORS |
| 507.0 | PNEUMONITIS DUE TO INHALATION OF FOOD OR VOMITUS |
| 507.1 | PNEUMONITIS DUE TO INHALATION OF OILS AND ESSENCES |
| 507.8 | PNEUMONITIS DUE TO OTHER SOLIDS AND LIQUIDS |
| 508.0 | ACUTE PULMONARY MANIFESTATIONS DUE TO RADIATION |
| 508.1 | CHRONIC AND OTHER PULMONARY MANIFESTATIONS DUE TO RADIATION |
| 508.2 | RESPIRATORY CONDITIONS DUE TO SMOKE INHALATION |
| 508.8 | RESPIRATORY CONDITIONS DUE TO OTHER SPECIFIED EXTERNAL AGENTS |
| 508.9 | RESPIRATORY CONDITIONS DUE TO UNSPECIFIED EXTERNAL AGENT |
| 510.0 | EMPYEMA WITH FISTULA |
| 510.9 | EMPYEMA WITHOUT FISTULA |
| 511.0 | PLEURISY WITHOUT EFFUSION OR CURRENT TUBERCULOSIS |
| 511.1 | PLEURISY WITH EFFUSION WITH A BACTERIAL CAUSE OTHER THAN TUBERCULOSIS |
| 511.81 | MALIGNANT PLEURAL EFFUSION |
| 511.89 | OTHER SPECIFIED FORMS OF EFFUSION, EXCEPT TUBERCULOUS |
| 511.9 | UNSPECIFIED PLEURAL EFFUSION |
| 512.0 | SPONTANEOUS TENSION PNEUMOTHORAX |
| 512.1 | IATROGENIC PNEUMOTHORAX |
| 512.2 | POSTOPERATIVE AIR LEAK |
| 512.81 | PRIMARY SPONTANEOUS PNEUMOTHORAX |
| 512.82 | SECONDARY SPONTANEOUS PNEUMOTHORAX |
| 512.83 | CHRONIC PNEUMOTHORAX |
| 512.84 | OTHER AIR LEAK |
| 512.89 | OTHER PNEUMOTHORAX |
| 513.0 | ABSCESS OF LUNG |
| 513.1 | ABSCESS OF MEDIASTINUM |
| 514 | PULMONARY CONGESTION AND HYPOSTASIS |
| 515 | POSTINFLAMMATORY PULMONARY FIBROSIS |
| 516.0 | PULMONARY ALVEOLAR PROTEINOSIS |
| 516.1 | IDIOPATHIC PULMONARY HEMOSIDEROSIS |
| 516.2 | PULMONARY ALVEOLAR MICROLITHIASIS |
| 516.30 | IDIOPATHIC INTERSTITIAL PNEUMONIA, NOT OTHERWISE SPECIFIED |
| 516.31 | IDIOPATHIC PULMONARY FIBROSIS |
| 516.32 | IDIOPATHIC NON-SPECIFIC INTERSTITIAL PNEUMONITIS |
| 516.33 | ACUTE INTERSTITIAL PNEUMONITIS |
| 516.34 | RESPIRATORY BRONCHIOLITIS INTERSTITIAL LUNG DISEASE |

| 516.35 | IDIOPATHIC LYMPHOID INTERSTITIAL PNEUMONIA |
|--------|--|
| 516.36 | CRYPTOGENIC ORGANIZING PNEUMONIA |
| 516.37 | DESQUAMATIVE INTERSTITIAL PNEUMONIA |
| 516.4 | LYMPHANGIOLEIOMYOMATOSIS |
| 516.5 | ADULT PULMONARY LANGERHANS CELL HISTIOCYTOSIS |
| 516.62 | PULMONARY INTERSTITIAL GLYCOGENOSIS |
| 516.63 | SURFACTANT MUTATIONS OF THE LUNG |
| 516.64 | ALVEOLAR CAPILLARY DYSPLASIA WITH VEIN MISALIGNMENT |
| 516.69 | OTHER INTERSTITIAL LUNG DISEASES OF CHILDHOOD |
| 516.8 | OTHER SPECIFIED ALVEOLAR AND PARIETOALVEOLAR PNEUMONOPATHIES |
| 516.9 | UNSPECIFIED ALVEOLAR AND PARIETOALVEOLAR PNEUMONOPATHY |
| 517.1 | RHEUMATIC PNEUMONIA |
| 517.2 | LUNG INVOLVEMENT IN SYSTEMIC SCLEROSIS |
| 517.3 | ACUTE CHEST SYNDROME |
| 517.8 | LUNG INVOLVEMENT IN OTHER DISEASES CLASSIFIED ELSEWHERE |
| 518.0 | PULMONARY COLLAPSE |
| 518.1 | INTERSTITIAL EMPHYSEMA |
| 518.2 | COMPENSATORY EMPHYSEMA |
| 518.3 | PULMONARY EOSINOPHILIA |
| 518.4 | ACUTE EDEMA OF LUNG UNSPECIFIED |
| 518.51 | ACUTE RESPIRATORY FAILURE FOLLOWING TRAUMA AND SURGERY |
| 518.52 | OTHER PULMONARY INSUFFICIENCY, NOT ELSEWHERE CLASSIFIED, FOLLOWING TRAUMA AND SURGERY |
| 518.53 | ACUTE AND CHRONIC RESPIRATORY FAILURE FOLLOWING TRAUMA AND SURGERY |
| 518.6 | ALLERGIC BRONCHOPULMONARY ASPERGILLIOSIS |
| 518.7 | TRANSFUSION RELATED ACUTE LUNG INJURY (TRALI) |
| 518.81 | ACUTE RESPIRATORY FAILURE |
| 518.82 | OTHER PULMONARY INSUFFICIENCY NOT ELSEWHERE CLASSIFIED |
| 518.83 | CHRONIC RESPIRATORY FAILURE |
| 518.84 | ACUTE AND CHRONIC RESPIRATORY FAILURE |
| 518.89 | OTHER DISEASES OF LUNG NOT ELSEWHERE CLASSIFIED |
| 519.11 | ACUTE BRONCHOSPASM |
| 519.19 | OTHER DISEASES OF TRACHEA AND BRONCHUS |
| 519.4 | DISORDERS OF DIAPHRAGM |
| 573.5 | HEPATOPULMONARY SYNDROME |
| 710.1 | SYSTEMIC SCLEROSIS |
| 780.2 | SYNCOPE AND COLLAPSE |
| 780.31 | FEBRILE CONVULSIONS (SIMPLE), UNSPECIFIED |
| 780.32 | COMPLEX FEBRILE CONVULSIONS |
| 780.39 | OTHER CONVULSIONS |
| 780.79 | OTHER MALAISE AND FATIGUE |
| 782.5 | CYANOSIS |
| 785.50 | SHOCK UNSPECIFIED |
| 785.51 | CARDIOGENIC SHOCK |
| 785.52 | SEPTIC SHOCK |
| 785.59 | OTHER SHOCK WITHOUT TRAUMA |
| 786.00 | RESPIRATORY ABNORMALITY UNSPECIFIED |
| 786.01 | HYPERVENTILATION |
| 786.02 | ORTHOPNEA |
| | |
| 786.03 | APNEA |

| 786.04 | CHEYNE-STOKES RESPIRATION |
|--------|--|
| 786.05 | SHORTNESS OF BREATH |
| 786.06 | TACHYPNEA |
| 786.07 | WHEEZING |
| 786.09 | RESPIRATORY ABNORMALITY OTHER |
| 786.1 | STRIDOR |
| 786.30 | HEMOPTYSIS, UNSPECIFIED |
| 786.31 | ACUTE IDIOPATHIC PULMONARY HEMORRHAGE IN INFANTS [AIPHI] |
| 786.39 | OTHER HEMOPTYSIS |
| 786.50 | UNSPECIFIED CHEST PAIN |
| 786.51 | PRECORDIAL PAIN |
| | |
| 786.52 | PAINFUL RESPIRATION |
| 786.59 | |
| 793.19 | OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD |
| 793.2 | NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF OTHER INTRATHORACIC ORGANS |
| 799.01 | ASPHYXIA |
| 799.02 | HYPOXEMIA |
| 805.00 | CLOSED FRACTURE OF CERVICAL VERTEBRA UNSPECIFIED LEVEL |
| 805.01 | CLOSED FRACTURE OF FIRST CERVICAL VERTEBRA |
| 805.02 | CLOSED FRACTURE OF SECOND CERVICAL VERTEBRA |
| 805.03 | CLOSED FRACTURE OF THIRD CERVICAL VERTEBRA |
| 805.04 | CLOSED FRACTURE OF FOURTH CERVICAL VERTEBRA |
| 805.05 | CLOSED FRACTURE OF FIFTH CERVICAL VERTEBRA |
| 805.06 | CLOSED FRACTURE OF SIXTH CERVICAL VERTEBRA |
| 805.07 | CLOSED FRACTURE OF SEVENTH CERVICAL VERTEBRA |
| 805.08 | CLOSED FRACTURE OF MULTIPLE CERVICAL VERTEBRAE |
| 805.10 | OPEN FRACTURE OF CERVICAL VERTEBRA UNSPECIFIED LEVEL |
| 805.11 | OPEN FRACTURE OF FIRST CERVICAL VERTEBRA |
| 805.12 | OPEN FRACTURE OF SECOND CERVICAL VERTEBRA |
| 805.13 | OPEN FRACTURE OF THIRD CERVICAL VERTEBRA |
| 805.14 | OPEN FRACTURE OF FOURTH CERVICAL VERTEBRA |
| 805.15 | OPEN FRACTURE OF FIFTH CERVICAL VERTEBRA |
| 805.16 | OPEN FRACTURE OF SIXTH CERVICAL VERTEBRA |
| 805.17 | OPEN FRACTURE OF SEVENTH CERVICAL VERTEBRA |
| 805.18 | OPEN FRACTURE OF MULTIPLE CERVICAL VERTEBRAE |
| 005.10 | |
| 805.2 | CLOSED FRACTURE OF DORSAL (THORACIC) VERTEBRA WITHOUT SPINAL CORD |
| 805.3 | OPEN FRACTURE OF DORSAL (THORACIC) VERTEBRA WITHOUT SPINAL CORD INJURY |
| 805.4 | CLOSED FRACTURE OF LUMBAR VERTEBRA WITHOUT SPINAL CORD INJURY |
| 805.5 | OPEN FRACTURE OF LUMBAR VERTEBRA WITHOUT SPINAL CORD INJURY |
| 805.6 | CLOSED FRACTURE OF SACRUM AND COCCYX WITHOUT SPINAL CORD INJURY |
| 805.7 | OPEN FRACTURE OF SACRUM AND COCCYX WITHOUT SPINAL CORD INJURY |
| 806.00 | CLOSED FRACTURE OF C1-C4 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY |
| 806.01 | CLOSED FRACTURE OF C1-C4 LEVEL WITH COMPLETE LESION OF CORD |
| 806.02 | CLOSED FRACTURE OF C1-C4 LEVEL WITH ANTERIOR CORD SYNDROME |
| 806.03 | CLOSED FRACTURE OF C1-C4 LEVEL WITH CENTRAL CORD SYNDROME |
| 806.04 | CLOSED FRACTURE OF C1-C4 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY |
| 806.05 | CLOSED FRACTURE OF C5-C7 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY |
| 806.06 | CLOSED FRACTURE OF C5-C7 LEVEL WITH COMPLETE LESION OF CORD |
| | E/2011 Bage 11 of 24 |

Printed on 11/15/2011. Page 11 of 34

| 806.07 | CLOSED FRACTURE OF C5-C7 LEVEL WITH ANTERIOR CORD SYNDROME |
|--------|---|
| 806.08 | CLOSED FRACTURE OF C5-C7 LEVEL WITH ANTERIOR CORD STNDROME |
| 806.09 | CLOSED FRACTURE OF C5-C7 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY |
| 806.10 | OPEN FRACTURE OF C1-C4 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY |
| 806.11 | OPEN FRACTURE OF C1-C4 LEVEL WITH COMPLETE LESION OF CORD |
| 806.12 | OPEN FRACTURE OF C1-C4 LEVEL WITH ANTERIOR CORD SYNDROME |
| 806.13 | OPEN FRACTURE OF C1-C4 LEVEL WITH CENTRAL CORD SYNDROME |
| 806.14 | OPEN FRACTURE OF C1-C4 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY |
| 806.15 | OPEN FRACTURE OF C5-C7 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY |
| 806.16 | OPEN FRACTURE OF C5-C7 LEVEL WITH COMPLETE LESION OF CORD |
| 806.17 | OPEN FRACTURE OF C5-C7 LEVEL WITH ANTERIOR CORD SYNDROME |
| 806.18 | OPEN FRACTURE OF C5-C7 LEVEL WITH CENTRAL CORD SYNDROME |
| 806.19 | OPEN FRACTURE OF C5-C7 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY |
| 806.20 | CLOSED FRACTURE OF T1-T6 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY |
| 806.20 | CLOSED FRACTURE OF T1-T6 LEVEL WITH COMPLETE LESION OF CORD |
| 806.22 | CLOSED FRACTURE OF T1-T6 LEVEL WITH COMPLETE LESION OF CORD |
| 806.23 | CLOSED FRACTURE OF T1-T6 LEVEL WITH ANTERIOR CORD STNDROME |
| 806.23 | CLOSED FRACTURE OF T1-T6 LEVEL WITH CENTRAL CORD STNDROME |
| 806.25 | CLOSED FRACTURE OF TT-T0 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY |
| 806.25 | CLOSED FRACTORE OF 17-112 LEVEL WITH ONSPECIFIED SPINAL CORD INJURY CLOSED FRACTURE OF T7-T12 LEVEL WITH COMPLETE LESION OF CORD |
| 806.27 | CLOSED FRACTORE OF 17-112 LEVEL WITH COMPLETE LESION OF CORD CLOSED FRACTURE OF T7-T12 LEVEL WITH ANTERIOR CORD SYNDROME |
| | |
| 806.28 | CLOSED FRACTURE OF T7-T12 LEVEL WITH CENTRAL CORD SYNDROME |
| 806.29 | CLOSED FRACTURE OF T7-T12 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY |
| 806.30 | OPEN FRACTURE OF T1-T6 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY |
| 806.31 | OPEN FRACTURE OF T1-T6 LEVEL WITH COMPLETE LESION OF CORD |
| 806.32 | OPEN FRACTURE OF T1-T6 LEVEL WITH ANTERIOR CORD SYNDROME |
| 806.33 | OPEN FRACTURE OF T1-T6 LEVEL WITH CENTRAL CORD SYNDROME |
| 806.34 | OPEN FRACTURE OF T1-T6 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY |
| 806.35 | OPEN FRACTURE OF T7-T12 LEVEL WITH UNSPECIFIED SPINAL CORD INJURY |
| 806.36 | OPEN FRACTURE OF T7-T12 LEVEL WITH COMPLETE LESION OF CORD |
| 806.37 | OPEN FRACTURE OF T7-T12 LEVEL WITH ANTERIOR CORD SYNDROME |
| 806.38 | OPEN FRACTURE OF T7-T12 LEVEL WITH CENTRAL CORD SYNDROME |
| 806.39 | OPEN FRACTURE OF T7-T12 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY |
| 806.4 | CLOSED FRACTURE OF LUMBAR SPINE WITH SPINAL CORD INJURY |
| 806.5 | OPEN FRACTURE OF LUMBAR SPINE WITH SPINAL CORD INJURY |
| 806.60 | CLOSED FRACTURE OF SACRUM AND COCCYX WITH UNSPECIFIED SPINAL CORD INJURY |
| 806.61 | CLOSED FRACTURE OF SACRUM AND COCCYX WITH COMPLETE CAUDA EQUINA LESION |
| 806.62 | CLOSED FRACTURE OF SACRUM AND COCCYX WITH OTHER CAUDA EQUINA INJURY |
| 806.69 | CLOSED FRACTURE OF SACRUM AND COCCYX WITH OTHER SPINAL CORD INJURY |
| 806.70 | OPEN FRACTURE OF SACRUM AND COCCYX WITH UNSPECIFIED SPINAL CORD INJURY |
| 806.71 | OPEN FRACTURE OF SACRUM AND COCCYX WITH COMPLETE CAUDA EQUINA LESION |
| 806.72 | OPEN FRACTURE OF SACRUM AND COCCYX WITH OTHER CAUDA EQUINA INJURY |
| 806.79 | OPEN FRACTURE OF SACRUM AND COCCYX WITH OTHER SPINAL CORD INJURY |
| 807.00 | CLOSED FRACTURE OF RIB(S) UNSPECIFIED |
| 807.01 | CLOSED FRACTURE OF ONE RIB |
| 807.02 | CLOSED FRACTURE OF TWO RIBS |
| 807.03 | CLOSED FRACTURE OF THREE RIBS |
| | |

| 807.04 | CLOSED FRACTURE OF FOUR RIBS |
|--------|--|
| 807.05 | CLOSED FRACTURE OF FIVE RIBS |
| 807.06 | CLOSED FRACTURE OF SIX RIBS |
| 807.07 | CLOSED FRACTURE OF SEVEN RIBS |
| 807.08 | CLOSED FRACTURE OF EIGHT OR MORE RIBS |
| 807.09 | CLOSED FRACTURE OF MULTIPLE RIBS UNSPECIFIED |
| 807.10 | OPEN FRACTURE OF RIB(S) UNSPECIFIED |
| 807.11 | OPEN FRACTURE OF NIB(3) UNSPECIFIED |
| | |
| 807.12 | |
| 807.13 | OPEN FRACTURE OF THREE RIBS |
| 807.14 | OPEN FRACTURE OF FOUR RIBS |
| 807.15 | OPEN FRACTURE OF FIVE RIBS |
| 807.16 | OPEN FRACTURE OF SIX RIBS |
| 807.17 | OPEN FRACTURE OF SEVEN RIBS |
| 807.18 | OPEN FRACTURE OF EIGHT OR MORE RIBS |
| 807.19 | OPEN FRACTURE OF MULTIPLE RIBS UNSPECIFIED |
| 807.2 | CLOSED FRACTURE OF STERNUM |
| 807.3 | OPEN FRACTURE OF STERNUM |
| 807.4 | FLAIL CHEST |
| 807.5 | CLOSED FRACTURE OF LARYNX AND TRACHEA |
| 807.6 | OPEN FRACTURE OF LARYNX AND TRACHEA |
| 054.00 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN |
| 854.00 | INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 854.01 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 854.02 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 854.03 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 854.04 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 854.05 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 854.06 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 854.09 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 854.10 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 854.11 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 854.12 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 854.13 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 854.14 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 854.15 | |

| | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF |
|--------|---|
| | CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 854.16 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 854.19 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 860.0 | TRAUMATIC PNEUMOTHORAX WITHOUT OPEN WOUND INTO THORAX |
| 860.1 | TRAUMATIC PNEUMOTHORAX WITH OPEN WOUND INTO THORAX |
| 860.2 | TRAUMATIC HEMOTHORAX WITHOUT OPEN WOUND INTO THORAX |
| 860.3 | TRAUMATIC HEMOTHORAX WITH OPEN WOUND INTO THORAX |
| 860.4 | TRAUMATIC PNEUMOHEMOTHORAX WITHOUT OPEN WOUND INTO THORAX |
| 860.5 | TRAUMATIC PNEUMOHEMOTHORAX WITH OPEN WOUND INTO THORAX |
| 861.00 | UNSPECIFIED INJURY OF HEART WITHOUT OPEN WOUND INTO THORAX |
| 861.01 | CONTUSION OF HEART WITHOUT OPEN WOUND INTO THORAX |
| 861.02 | LACERATION OF HEART WITHOUT PENETRATION OF HEART CHAMBERS OR OPEN WOUND INTO THORAX |
| 861.03 | LACERATION OF HEART WITH PENETRATION OF HEART CHAMBERS WITHOUT OPEN WOUND INTO THORAX |
| 861.10 | UNSPECIFIED INJURY OF HEART WITH OPEN WOUND INTO THORAX |
| 861.11 | CONTUSION OF HEART WITH OPEN WOUND INTO THORAX |
| 861.12 | LACERATION OF HEART WITHOUT PENETRATION OF HEART CHAMBERS WITH OPEN WOUND INTO THORAX |
| 861.13 | LACERATION OF HEART WITH PENETRATION OF HEART CHAMBERS AND OPEN WOUND INTO THORAX |
| 861.20 | UNSPECIFIED INJURY OF LUNG WITHOUT OPEN WOUND INTO THORAX |
| 861.21 | CONTUSION OF LUNG WITHOUT OPEN WOUND INTO THORAX |
| 861.22 | LACERATION OF LUNG WITHOUT OPEN WOUND INTO THORAX |
| 861.30 | UNSPECIFIED INJURY OF LUNG WITH OPEN WOUND INTO THORAX |
| 861.31 | CONTUSION OF LUNG WITH OPEN WOUND INTO THORAX |
| 861.32 | LACERATION OF LUNG WITH OPEN WOUND INTO THORAX |
| 862.0 | INJURY TO DIAPHRAGM WITHOUT OPEN WOUND INTO CAVITY |
| 862.1 | INJURY TO DIAPHRAGM WITH OPEN WOUND INTO CAVITY |
| 862.21 | INJURY TO BRONCHUS WITHOUT OPEN WOUND INTO CAVITY |
| 862.22 | INJURY TO ESOPHAGUS WITHOUT OPEN WOUND INTO CAVITY |
| 862.29 | INJURY TO OTHER SPECIFIED INTRATHORACIC ORGANS WITHOUT OPEN WOUND INTO CAVITY |
| 862.31 | INJURY TO BRONCHUS WITH OPEN WOUND INTO CAVITY |
| 862.32 | INJURY TO ESOPHAGUS WITH OPEN WOUND INTO CAVITY |
| 862.39 | INJURY TO OTHER SPECIFIED INTRATHORACIC ORGANS WITH OPEN WOUND INTO CAVITY |
| 862.8 | INJURY TO MULTIPLE AND UNSPECIFIED INTRATHORACIC ORGANS WITHOUT OPEN WOUND INTO CAVITY |
| 862.9 | INJURY TO MULTIPLE AND UNSPECIFIED INTRATHORACIC ORGANS WITH OPEN WOUND INTO CAVITY |
| 863.0 | INJURY TO STOMACH WITHOUT OPEN WOUND INTO CAVITY |
| 863.1 | INJURY TO STOMACH WITH OPEN WOUND INTO CAVITY |
| 863.20 | INJURY TO SMALL INTESTINE UNSPECIFIED SITE WITHOUT OPEN WOUND INTO CAVITY |
| 863.21 | INJURY TO DUODENUM WITHOUT OPEN WOUND INTO CAVITY |
| 863.29 | OTHER INJURY TO SMALL INTESTINE WITHOUT OPEN WOUND INTO CAVITY |
| 863.30 | INJURY TO SMALL INTESTINE UNSPECIFIED SITE WITH OPEN WOUND INTO CAVITY |

Printed on 11/15/2011. Page 14 of 34

| INJURY TO DUODENUM WITH OPEN WOUND INTO CAVITYOTHER INJURY TO SMALL INTESTINE WITH OPEN WOUND INTO CAVITYINJURY TO COLON UNSPECIFIED SITE WITHOUT OPEN WOUND INTO CAVITYINJURY TO ASCENDING (RIGHT) COLON WITHOUT OPEN WOUND INTO CAVITY |
|--|
| INJURY TO COLON UNSPECIFIED SITE WITHOUT OPEN WOUND INTO CAVITY INJURY TO ASCENDING (RIGHT) COLON WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO ASCENDING (RIGHT) COLON WITHOUT OPEN WOUND INTO CAVITY |
| |
| |
| INJURY TO TRANSVERSE COLON WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO DESCENDING (LEFT) COLON WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO SIGMOID COLON WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO RECTUM WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO MULTIPLE SITES IN COLON AND RECTUM WITHOUT OPEN WOUND INTO CAVITY |
| OTHER INJURY TO COLON AND RECTUM WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO COLON UNSPECIFIED SITE WITH OPEN WOUND INTO CAVITY |
| INJURY TO ASCENDING (RIGHT) COLON WITH OPEN WOUND INTO CAVITY |
| INJURY TO TRANSVERSE COLON WITH OPEN WOUND INTO CAVITY |
| INJURY TO DESCENDING (LEFT) COLON WITH OPEN WOUND INTO CAVITY |
| INJURY TO SIGMOID COLON WITH OPEN WOUND INTO CAVITY |
| INJURY TO RECTUM WITH OPEN WOUND INTO CAVITY |
| INJURY TO MULTIPLE SITES IN COLON AND RECTUM WITH OPEN WOUND INTO CAVITY |
| OTHER INJURY TO COLON AND RECTUM WITH OPEN WOUND INTO CAVITY |
| INJURY TO GASTROINTESTINAL TRACT UNSPECIFIED SITE WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO PANCREAS HEAD WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO PANCREAS BODY WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO PANCREAS TAIL WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO PANCREAS MULTIPLE AND UNSPECIFIED SITES WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO APPENDIX WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO OTHER AND UNSPECIFIED GASTROINTESTINAL SITES WITHOUT OPEN WOUND INTO CAVITY |
| INJURY TO GASTROINTESTINAL TRACT UNSPECIFIED SITE WITH OPEN WOUND INTO CAVITY |
| INJURY TO PANCREAS HEAD WITH OPEN WOUND INTO CAVITY |
| INJURY TO PANCREAS BODY WITH OPEN WOUND INTO CAVITY |
| INJURY TO PANCREAS TAIL WITH OPEN WOUND INTO CAVITY |
| INJURY TO PANCREAS MULTIPLE AND UNSPECIFIED SITES WITH OPEN WOUND INTO CAVITY |
| INJURY TO APPENDIX WITH OPEN WOUND INTO CAVITY |
| INJURY TO OTHER AND UNSPECIFIED GASTROINTESTINAL SITES WITH OPEN WOUND INTO CAVITY |
| UNSPECIFIED INJURY TO LIVER WITHOUT OPEN WOUND INTO CAVITY |
| HEMATOMA AND CONTUSION OF LIVER WITHOUT OPEN WOUND INTO CAVITY |
| LACERATION OF LIVER MINOR WITHOUT OPEN WOUND INTO CAVITY |
| LACERATION OF LIVER MODERATE WITHOUT OPEN WOUND INTO CAVITY |
| LACERATION OF LIVER MAJOR WITHOUT OPEN WOUND INTO CAVITY |
| LACERATION OF LIVER UNSPECIFIED WITHOUT OPEN WOUND INTO CAVITY |
| OTHER INJURY TO LIVER WITHOUT OPEN WOUND INTO CAVITY |
| UNSPECIFIED INJURY TO LIVER WITH OPEN WOUND INTO CAVITY |
| HEMATOMA AND CONTUSION OF LIVER WITH OPEN WOUND INTO CAVITY |
| LACERATION OF LIVER MINOR WITH OPEN WOUND INTO CAVITY |
| LACERATION OF LIVER MODERATE WITH OPEN WOUND INTO CAVITY |
| LACERATION OF LIVER MAJOR WITH OPEN WOUND INTO CAVITY |
| |

Printed on 11/15/2011. Page 15 of 34

| 864.15 | LACERATION OF LIVER UNSPECIFIED WITH OPEN WOUND INTO CAVITY |
|--------|---|
| 864.19 | OTHER INJURY TO LIVER WITH OPEN WOUND INTO CAVITY |
| 865.00 | UNSPECIFIED INJURY TO SPLEEN WITHOUT OPEN WOUND INTO CAVITY |
| 865.01 | HEMATOMA OF SPLEEN WITHOUT RUPTURE OF CAPSULE WITHOUT OPEN WOUND INTO CAVITY |
| 865.02 | CAPSULAR TEARS TO SPLEEN WITHOUT MAJOR DISRUPTION OF PARENCHYMA WITHOUT OPEN WOUND INTO CAVITY |
| 865.03 | LACERATION OF SPLEEN EXTENDING INTO PARENCHYMA WITHOUT OPEN WOUND INTO CAVITY |
| 865.04 | MASSIVE PARENCHYMAL DISRUPTION OF SPLEEN WITHOUT OPEN WOUND INTO CAVITY |
| 865.09 | OTHER INJURY INTO SPLEEN WITHOUT OPEN WOUND INTO CAVITY |
| 865.10 | UNSPECIFIED INJURY TO SPLEEN WITH OPEN WOUND INTO CAVITY |
| 865.11 | HEMATOMA OF SPLEEN WITHOUT RUPTURE OF CAPSULE WITH OPEN WOUND INTO CAVITY |
| 865.12 | CAPSULAR TEARS TO SPLEEN WITHOUT MAJOR DISRUPTION OF PARENCHYMA WITH OPEN WOUND INTO CAVITY |
| 865.13 | LACERATION OF SPLEEN EXTENDING INTO PARENCHYMA WITH OPEN WOUND INTO CAVITY |
| 865.14 | MASSIVE PARENCHYMA DISRUPTION OF SPLEEN WITH OPEN WOUND INTO CAVITY |
| 865.19 | OTHER INJURY TO SPLEEN WITH OPEN WOUND INTO CAVITY |
| 866.00 | UNSPECIFIED INJURY TO KIDNEY WITHOUT OPEN WOUND INTO CAVITY |
| 866.01 | HEMATOMA OF KIDNEY WITHOUT RUPTURE OF CAPSULE WITHOUT OPEN WOUND INTO CAVITY |
| 866.02 | LACERATION OF KIDNEY WITHOUT OPEN WOUND INTO CAVITY |
| 866.03 | COMPLETE DISRUPTION OF KIDNEY PARENCHYMA WITHOUT OPEN WOUND INTO CAVITY |
| 866.10 | UNSPECIFIED INJURY TO KIDNEY WITH OPEN WOUND INTO CAVITY |
| 866.11 | HEMATOMA OF KIDNEY WITHOUT RUPTURE OF CAPSULE WITH OPEN WOUND INTO CAVITY |
| 866.12 | LACERATION OF KIDNEY WITH OPEN WOUND INTO CAVITY |
| 866.13 | COMPLETE DISRUPTION OF KIDNEY PARENCHYMA WITH OPEN WOUND INTO CAVITY |
| 867.0 | INJURY TO BLADDER AND URETHRA WITHOUT OPEN WOUND INTO CAVITY |
| 867.1 | INJURY TO BLADDER AND URETHRA WITH OPEN WOUND INTO CAVITY |
| 867.2 | INJURY TO URETER WITHOUT OPEN WOUND INTO CAVITY |
| 867.3 | INJURY TO URETER WITH OPEN WOUND INTO CAVITY |
| 867.4 | INJURY TO UTERUS WITHOUT OPEN WOUND INTO CAVITY |
| 867.5 | INJURY TO UTERUS WITH OPEN WOUND INTO CAVITY |
| 867.6 | INJURY TO OTHER SPECIFIED PELVIC ORGANS WITHOUT OPEN WOUND INTO CAVITY |
| 867.7 | INJURY TO OTHER SPECIFIED PELVIC ORGANS WITH OPEN WOUND INTO CAVITY |
| 867.8 | INJURY TO UNSPECIFIED PELVIC ORGAN WITHOUT OPEN WOUND INTO CAVITY |
| 867.9 | INJURY TO UNSPECIFIED PELVIC ORGAN WITH OPEN WOUND INTO CAVITY |
| 868.00 | INJURY TO UNSPECIFIED INTRA-ABDOMINAL ORGAN WITHOUT OPEN WOUND INTO CAVITY |
| 868.01 | INJURY TO ADRENAL GLAND WITHOUT OPEN WOUND INTO CAVITY |
| 868.02 | INJURY TO BILE DUCT AND GALLBLADDER WITHOUT OPEN WOUND INTO CAVITY |
| 868.03 | INJURY TO PERITONEUM WITHOUT OPEN WOUND INTO CAVITY |
| 868.04 | INJURY TO RETROPERITONEUM WITHOUT OPEN WOUND INTO CAVITY |
| 868.09 | INJURY TO OTHER AND MULTIPLE INTRA-ABDOMINAL ORGANS WITHOUT OPEN WOUND INTO CAVITY |
| 868.10 | INJURY TO UNSPECIFIED INTRA-ABDOMINAL ORGAN WITH OPEN WOUND INTO CAVITY |
| - | |

| 868.11 | INJURY TO ADRENAL GLAND WITH OPEN WOUND INTO CAVITY |
|--------|--|
| 868.12 | INJURY TO BILE DUCT AND GALLBLADDER WITH OPEN WOUND INTO CAVITY |
| 868.13 | INJURY TO PERITONEUM WITH OPEN WOUND INTO CAVITY |
| 868.14 | INJURY TO RETROPERITONEUM WITH OPEN WOUND INTO CAVITY |
| 868.19 | INJURY TO OTHER AND MULTIPLE INTRA-ABDOMINAL ORGANS WITH OPEN WOUND INTO CAVITY |
| 869.0 | INTERNAL INJURY TO UNSPECIFIED OR ILL-DEFINED ORGANS WITHOUT OPEN WOUND INTO CAVITY |
| 869.1 | INTERNAL INJURY TO UNSPECIFIED OR ILL-DEFINED ORGANS WITH OPEN WOUND INTO CAVITY |
| 933.1 | FOREIGN BODY IN LARYNX |
| 934.0 | FOREIGN BODY IN TRACHEA |
| 934.1 | FOREIGN BODY IN MAIN BRONCHUS |
| 934.8 | FOREIGN BODY IN OTHER SPECIFIED PARTS BRONCHUS AND LUNG |
| 934.9 | FOREIGN BODY IN RESPIRATORY TREE UNSPECIFIED |
| 941.20 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF FACE AND HEAD UNSPECIFIED SITE |
| 941.21 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF EAR (ANY PART) |
| 941.22 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF EYE (WITH OTHER PARTS OF FACE HEAD AND NECK) |
| 941.23 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF LIP(S) |
| 941.24 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF CHIN |
| 941.25 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF NOSE (SEPTUM) |
| 941.26 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF SCALP (ANY PART) |
| 941.27 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF FOREHEAD AND CHEEK |
| 941.28 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF NECK |
| 941.29 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF MULTIPLE SITES (EXCEPT WITH EYE) OF FACE HEAD AND NECK |
| 941.30 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF UNSPECIFIED SITE OF FACE AND HEAD |
| 941.31 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF EAR (ANY PART) |
| 941.32 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF EYE (WITH OTHER PARTS OF FACE HEAD AND NECK) |
| 941.33 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF LIP(S) |
| 941.34 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF CHIN |
| 941.35 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF NOSE (SEPTUM) |
| 941.36 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF SCALP (ANY PART) |
| 941.37 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF FOREHEAD AND CHEEK |
| 941.38 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF NECK |
| 941.39 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF MULTIPLE SITES (EXCEPT WITH EYE) OF FACE HEAD AND NECK |
| 941.40 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UNSPECIFIED SITE OF FACE AND HEAD WITHOUT LOSS OF BODY PART |
| 941.41 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF EAR (ANY PART) WITHOUT LOSS OF EAR |
| 941.42 | |

| | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF EYE (WITH OTHER PARTS OF FACE HEAD AND NECK) WITHOUT LOSS OF BODY PART |
|--------|---|
| 941.43 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF LIP(S) WITHOUT LOSS OF LIP(S) |
| 941.44 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF CHIN WITHOUT LOSS OF CHIN |
| 941.45 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF NOSE (SEPTUM) WITHOUT LOSS OF NOSE |
| 941.46 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF SCALP (ANY PART) WITHOUT LOSS OF SCALP |
| 941.47 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF FOREHEAD AND CHEEK WITHOUT LOSS OF FOREHEAD AND CHEEK |
| 941.48 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF NECK WITHOUT LOSS OF NECK |
| 941.49 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES (EXCEPT WITH EYE) OF FACE HEAD AND NECK WITHOUT LOSS OF A BODY PART |
| 941.50 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF FACE AND HEAD UNSPECIFIED SITE WITH LOSS OF BODY PART |
| 941.51 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF EAR (ANY PART) WITH LOSS OF EAR |
| 941.52 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF EYE (WITH OTHER PARTS OF FACE HEAD AND NECK) WITH LOSS OF A BODY PART |
| 941.53 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF LIP(S) WITH LOSS OF LIP(S) |
| 941.54 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF CHIN WITH LOSS OF CHIN |
| 941.55 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF NOSE (SEPTUM) WITH LOSS OF NOSE |
| 941.56 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF SCALP (ANY PART) WITH LOSS OF SCALP |
| 941.57 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF FOREHEAD AND CHEEK WITH LOSS OF FOREHEAD AND CHEEK |
| 941.58 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF NECK WITH LOSS OF NECK |
| 941.59 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES (EXCEPT EYE) OF FACE HEAD AND NECK WITH LOSS OF A BODY PART |
| 942.20 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF UNSPECIFIED SITE OF TRUNK |
| 942.21 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF BREAST |
| 942.22 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF CHEST WALL EXCLUDING BREAST AND NIPPLE |
| 942.23 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF ABDOMINAL WALL |
| 942.24 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF BACK (ANY PART) |
| 942.25 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF GENITALIA |
| 942.29 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF OTHER AND MULTIPLE SITES OF TRUNK |
| 942.30 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF UNSPECIFIED SITE OF TRUNK |
| 942.31 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF BREAST |
| 942.32 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF CHEST WALL EXCLUDING BREAST AND NIPPLE |
| 942.33 | |
| | - /2011 Dage 19 of 24 |

Printed on 11/15/2011. Page 18 of 34

| | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF ABDOMINAL WALL |
|--------|---|
| 942.34 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF BACK (ANY PART) |
| 942.35 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF GENITALIA |
| 942.39 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF OTHER AND MULTIPLE SITES OF TRUNK |
| 942.40 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF TRUNK UNSPECIFIED SITE WITHOUT LOSS OF BODY PART |
| 942.41 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF BREAST WITHOUT LOSS OF BREAST |
| 942.42 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF CHEST WALL EXCLUDING BREAST AND NIPPLE WITHOUT LOSS OF CHEST WALL |
| 942.43 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF ABDOMINAL WALL WITHOUT LOSS OF ABDOMINAL WALL |
| 942.44 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF BACK (ANY PART) WITHOUT LOSS OF BACK |
| 942.45 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF GENITALIA WITHOUT LOSS OF GENITALIA |
| 942.49 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF OTHER AND MULTIPLE SITES OF TRUNK WITHOUT LOSS OF BODY PART |
| 942.50 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UNSPECIFIED SITE OF TRUNK WITH LOSS OF BODY PART |
| 942.51 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF BREAST WITH LOSS OF BREAST |
| 942.52 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF CHEST WALL EXCLUDING BREAST AND NIPPLE WITH LOSS OF CHEST WALL |
| 942.53 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF ABDOMINAL WALL WITH LOSS OF ABDOMINAL WALL |
| 942.54 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF BACK (ANY PART) WITH LOSS OF BACK |
| 942.55 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF GENITALIA WITH LOSS OF GENITALIA |
| 942.59 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF OTHER AND MULTIPLE SITES OF TRUNK WITH LOSS OF A BODY PART |
| 943.20 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF UNSPECIFIED SITE OF UPPER LIMB |
| 943.21 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF FOREARM |
| 943.22 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF ELBOW |
| 943.23 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF UPPER ARM |
| 943.24 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF AXILLA |
| 943.25 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF SHOULDER |
| 943.26 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF SCAPULAR REGION |
| 943.29 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF MULTIPLE SITES OF UPPER LIMB EXCEPT WRIST AND HAND |
| 943.30 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF UNSPECIFIED SITE OF UPPER LIMB |
| 943.31 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF FOREARM |
| 943.32 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF ELBOW |
| 943.33 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF UPPER ARM |
| 943.34 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF AXILLA |
| 943.35 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF SHOULDER |
| 943.36 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF SCAPULAR REGION |

Printed on 11/15/2011. Page 19 of 34

| 943.39 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF MULTIPLE SITES OF UPPER LIMB EXCEPT WRIST AND HAND |
|--------|--|
| 943.40 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UNSPECIFIED SITE OF UPPER LIMB WITHOUT LOSS OF A BODY PART |
| 943.41 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF FOREARM WITHOUT LOSS OF FOREARM |
| 943.42 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF ELBOW WITHOUT LOSS OF ELBOW |
| 943.43 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UPPER ARM WITHOUT LOSS OF UPPER ARM |
| 943.44 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN OF AXILLA WITHOUT LOSS OF AXILLA |
| 943.45 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF SHOULDER WITHOUT LOSS OF SHOULDER |
| 943.46 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF SCAPULAR REGION WITHOUT LOSS OF SCAPULA |
| 943.49 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES OF UPPER LIMB EXCEPT WRIST AND HAND WITHOUT LOSS OF UPPER LIMB |
| 943.50 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UNSPECIFIED SITE OF UPPER LIMB WITH LOSS OF A BODY PART |
| 943.51 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF FOREARM WITH LOSS OF FOREARM |
| 943.52 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF ELBOW WITH LOSS OF ELBOW |
| 943.53 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UPPER ARM WITH LOSS OF UPPER ARM |
| 943.54 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF AXILLA WITH LOSS OF AXILLA |
| 943.55 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF SHOULDER WITH LOSS OF SHOULDER |
| 943.56 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF SCAPULAR REGION WITH LOSS OF SCAPULA |
| 943.59 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES OF UPPER LIMB EXCEPT WRIST AND HAND WITH LOSS OF UPPER LIMB |
| 944.20 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF UNSPECIFIED SITE OF HAND |
| 944.21 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF SINGLE DIGIT (FINGER (NAIL)) OTHER THAN THUMB |
| 944.22 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN OF (SECOND DEGREE) OF THUMB (NAIL) |
| 944.23 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF TWO OR MORE DIGITS OF HAND NOT INCLUDING THUMB |
| 944.24 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF TWO OR MORE DIGITS OF HAND INCLUDING THUMB |
| 944.25 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF PALM OF HAND |
| 944.26 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF BACK OF HAND |
| 944.27 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF WRIST |
| 944.28 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF MULTIPLE SITES OF WRIST(S) AND HAND(S) |
| 944.30 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF UNSPECIFIED SITE OF HAND |
| 944.31 | |

Printed on 11/15/2011. Page 20 of 34

| | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF SINGLE DIGIT (FINGER (NAIL)) OTHER THAN THUMB |
|--------|---|
| 944.32 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF THUMB (NAIL) |
| 944.33 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF TWO OR MORE DIGITS OF HAND NOT INCLUDING THUMB |
| 944.34 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF TWO OR MORE DIGITS OF HAND INCLUDING THUMB |
| 944.35 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF PALM OF HAND |
| 944.36 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF BACK OF HAND |
| 944.37 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF WRIST |
| 944.38 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF MULTIPLE SITES OF WRIST(S) AND HAND(S) |
| 944.40 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UNSPECIFIED SITE OF HAND WITHOUT LOSS OF HAND |
| 944.41 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF SINGLE DIGIT (FINGER (NAIL)) OTHER THAN THUMB WITHOUT LOSS OF FINGER |
| 944.42 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF THUMB (NAIL) WITHOUT LOSS OF THUMB |
| 944.43 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF TWO OR MORE DIGITS OF HAND NOT INCLUDING THUMB WITHOUT FINGERS |
| 944.44 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF TWO OR MORE DIGITS OF HAND INCLUDING THUMB WITHOUT LOSS OF FINGERS |
| 944.45 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF PALM OF HAND WITHOUT LOSS OF PALM |
| 944.46 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF BACK OF HAND WITHOUT LOSS OF BACK OF HAND |
| 944.47 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF WRIST WITHOUT LOSS OF WRIST |
| 944.48 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES OF WRIST(S) AND HAND(S) WITHOUT LOSS OF A BODY PART |
| 944.50 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UNSPECIFIED SITE OF HAND WITH LOSS OF HAND |
| 944.51 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF SINGLE DIGIT (FINGER (NAIL)) OTHER THAN THUMB WITH LOSS OF FINGER |
| 944.52 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF THUMB (NAIL) WITH LOSS OF THUMB |
| 944.53 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF TWO OR MORE DIGITS OF HAND NOT INCLUDING THUMB WITH LOSS OF FINGERS |
| 944.54 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF TWO OR MORE DIGITS OF HAND INCLUDING THUMB WITH LOSS OF FINGERS |
| 944.55 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF PALM OF HAND WITH LOSS OF PALM OF HAND |
| 944.56 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF BACK OF HAND WITH LOSS OF BACK OF HAND |
| 944.57 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF WRIST WITH LOSS OF WRIST |
| 944.58 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES OF WRIST(S) AND HAND(S) WITH LOSS OF A BODY PART |
| 945.20 | BLISTERS EPIDERMAL LOSS (SECOND DEGREE) OF UNSPECIFIED SITE OF LOWER LIMB (LEG) |
| 945.21 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF TOE(S) (NAIL) |
| 945.22 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF FOOT |
| 945.23 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF ANKLE |
| 945.24 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF LOWER LEG |

Printed on 11/15/2011. Page 21 of 34

| BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF KNEE |
|---|
| BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF THIGH (ANY PART) |
| BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF MULTIPLE SITES OF LOWER LIMB(S) |
| FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF UNSPECIFIED SITE OF LOWER LIMB |
| FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF TOE(S) (NAIL) |
| FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF FOOT |
| FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF ANKLE |
| FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF LOWER LEG |
| FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF KNEE |
| FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF THIGH (ANY PART) |
| FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF MULTIPLE SITES OF LOWER LIMB(S) |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UNSPECIFIED SITE OF LOWER LIMB (LEG) WITHOUT LOSS OF A BODY PART |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF TOE(S) (NAIL) WITHOUT LOSS OF TOE(S) |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF FOOT WITHOUT LOSS OF FOOT |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF ANKLE WITHOUT LOSS OF ANKLE |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF LOWER LEG WITHOUT LOSS OF LOWER LEG |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF KNEE WITHOUT LOSS OF KNEE |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF THIGH (ANY PART) WITHOUT LOSS OF THIGH |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES OF LOWER LIMB(S) WITHOUT LOSS OF A BODY PART |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UNSPECIFIED SITE LOWER LIMB (LEG) WITH LOSS OF A BODY PART |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF TOE(S) (NAIL) WITH LOSS OF TOE(S) |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF FOOT WITH LOSS OF FOOT |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF ANKLE WITH LOSS OF ANKLE |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF LOWER LEG WITH LOSS OF LOWER LEG |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF KNEE WITH LOSS OF KNEE |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF THIGH (ANY PART) WITH LOSS OF THIGH |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES OF LOWER LIMB(S) WITH LOSS OF A BODY PART |
| BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF MULTIPLE SPECIFIED SITES |
| FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF MULTIPLE SPECIFIED SITES |
| DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SPECIFIED SITES WITHOUT LOSS OF A BODY PART |
| |
| |

Printed on 11/15/2011. Page 22 of 34

| | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SPECIFIED SITES WITH LOSS OF A BODY PART |
|--------|--|
| 947.0 | BURN OF MOUTH AND PHARYNX |
| 947.1 | BURN OF LARYNX TRACHEA AND LUNG |
| 947.2 | BURN OF ESOPHAGUS |
| 947.3 | BURN OF GASTROINTESTINAL TRACT |
| 947.4 | BURN OF VAGINA AND UTERUS |
| 948.00 | BURN (ANY DEGREE) INVOLVING LESS THAN 10 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT |
| 948.10 | BURN (ANY DEGREE) INVOLVING 10-19 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT |
| 948.11 | BURN (ANY DEGREE) INVOLVING 10-19 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19% |
| 948.20 | BURN (ANY DEGREE) INVOLVING 20-29 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT |
| 948.21 | BURN (ANY DEGREE) INVOLVING 20-29 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19% |
| 948.22 | BURN (ANY DEGREE) INVOLVING 20-29 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29% |
| 948.30 | BURN (ANY DEGREE) INVOLVING 30-39 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT |
| 948.31 | BURN (ANY DEGREE) INVOLVING 30-39 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19% |
| 948.32 | BURN (ANY DEGREE) INVOLVING 30-39 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29% |
| 948.33 | BURN (ANY DEGREE) INVOLVING 30-39 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39% |
| 948.40 | BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT |
| 948.41 | BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19% |
| 948.42 | BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29% |
| 948.43 | BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39% |
| 948.44 | BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49% |
| 948.50 | BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT |
| 948.51 | BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19% |
| 948.52 | BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29% |
| 948.53 | BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39% |
| 948.54 | BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49% |
| 948.55 | BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59% |
| 948.60 | BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT |
| 948.61 | BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19% |
| | BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD |

| 948.63 | BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39% |
|--------|--|
| 948.64 | BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49% |
| 948.65 | BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59% |
| 948.66 | BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 60-69% |
| 948.70 | BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT |
| 948.71 | BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19% |
| 948.72 | BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29% |
| 948.73 | BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39% |
| 948.74 | BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49% |
| 948.75 | BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59% |
| 948.76 | BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 60-69% |
| 948.77 | BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 70-79% |
| 948.80 | BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT |
| 948.81 | BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19% |
| 948.82 | BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29% |
| 948.83 | BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39% |
| 948.84 | BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49% |
| 948.85 | BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59% |
| 948.86 | BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 60-69% |
| 948.87 | BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 70-79% |
| 948.88 | BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 80-89% |
| 948.90 | BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT |
| 948.91 | BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19% |
| 948.92 | BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29% |
| 948.93 | BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39% |
| 948.94 | BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49% |
| 948.95 | BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59% |
| 948.96 | BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 60-69% |
| | |

Printed on 11/15/2011. Page 24 of 34

| 948.97 | BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 70-79% |
|--------|---|
| 948.98 | BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 80-89% |
| 948.99 | BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 90% OR MORE OF BODY SURFACE |
| 949.2 | BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) UNSPECIFIED SITE |
| 949.3 | FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) UNSPECIFIED SITE |
| 949.4 | DEEP NECROSIS OF UNDERLYING TISSUE DUE TO BURN (DEEP THIRD DEGREE) UNSPECIFIED SITE WITHOUT LOSS OF A BODY PART |
| 949.5 | DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE UNSPECIFIED SITE WITH LOSS OF A BODY PART |
| 959.8 | OTHER AND UNSPECIFIED INJURY TO OTHER SPECIFIED SITES INCLUDING MULTIPLE |
| 960.0 | POISONING BY PENICILLINS |
| 960.1 | POISONING BY ANTIFUNGAL ANTIBIOTICS |
| 960.2 | POISONING BY CHLORAMPHENICOL GROUP |
| 960.3 | POISONING BY ERYTHROMYCIN AND OTHER MACROLIDES |
| 960.4 | POISONING BY TETRACYCLINE GROUP |
| 960.5 | POISONING OF CEPHALOSPORIN GROUP |
| 960.6 | POISONING OF ANTIMYCOBACTERIAL ANTIBIOTICS |
| 960.7 | POISONING BY ANTINEOPLASTIC ANTIBIOTICS |
| 960.8 | POISONING BY OTHER SPECIFIED ANTIBIOTICS |
| 960.9 | POISONING BY UNSPECIFIED ANTIBIOTIC |
| 961.0 | POISONING BY SULFONAMIDES |
| 961.1 | POISONING BY ARSENICAL ANTI-INFECTIVES |
| 961.2 | POISONING BY HEAVY METAL ANTI-INFECTIVES |
| 961.3 | POISONING BY QUINOLINE AND HYDROXYQUINOLINE DERIVATIVES |
| 961.4 | POISONING BY ANTIMALARIALS AND DRUGS ACTING ON OTHER BLOOD PROTOZOA |
| 961.5 | POISONING BY OTHER ANTIPROTOZOAL DRUGS |
| 961.6 | POISONING BY ANTHELMINTICS |
| 961.7 | POISONING BY ANTIVIRAL DRUGS |
| 961.8 | POISONING BY OTHER ANTIMYCOBACTERIAL DRUGS |
| 961.9 | POISONING BY OTHER AND UNSPECIFIED ANTI-INFECTIVES |
| 962.0 | POISONING BY ADRENAL CORTICAL STEROIDS |
| 962.1 | POISONING BY ANDROGENS AND ANABOLIC CONGENERS |
| 962.2 | POISONING BY OVARIAN HORMONES AND SYNTHETIC SUBSTITUTES |
| 962.3 | POISONING BY INSULINS AND ANTIDIABETIC AGENTS |
| 962.4 | POISONING BY ANTERIOR PITUITARY HORMONES |
| 962.5 | POISONING BY POSTERIOR PITUITARY HORMONES |
| 962.6 | POISONING BY PARATHYROID AND PARATHYROID DERIVATIVES |
| 962.7 | POISONING BY FARATHTROID AND FARATHTROID DERIVATIVES |
| 962.8 | POISONING BY ANTITHYROID AGENTS |
| 962.9 | POISONING BY ANTITITIKOID AGENTS POISONING BY OTHER AND UNSPECIFIED HORMONES AND SYNTHETIC SUBSTITUTES |
| 963.0 | POISONING BY ANTIALLERGIC AND ANTIEMETIC DRUGS |
| 963.1 | POISONING BY ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS |
| 963.2 | POISONING BY ACIDIFYING AGENTS |
| 963.3 | POISONING BY ALKALIZING AGENTS |
| 963.4 | POISONING BY ENZYMES NOT ELSEWHERE CLASSIFIED |
| | |

Printed on 11/15/2011. Page 25 of 34

| 963.8 | POISONING BY OTHER SPECIFIED SYSTEMIC AGENTS |
|--------|--|
| 963.9 | POISONING BY UNSPECIFIED SYSTEMIC AGENT |
| 964.0 | POISONING BY IRON AND ITS COMPOUNDS |
| 964.1 | POISONING BY LIVER PREPARATIONS AND OTHER ANTIANEMIC AGENTS |
| 964.2 | POISONING BY ANTICOAGULANTS |
| 964.3 | POISONING BY VITAMIN K (PHYTONADIONE) |
| 964.4 | POISONING BY FIBRINOLYSIS-AFFECTING DRUGS |
| 964.5 | POISONING BY ANTICOAGULANT ANTAGONISTS AND OTHER COAGULANTS |
| 964.6 | POISONING BY GAMMA GLOBULIN |
| 964.7 | POISONING BY NATURAL BLOOD AND BLOOD PRODUCTS |
| 964.8 | POISONING BY OTHER SPECIFIED AGENTS AFFECTING BLOOD CONSTITUENTS |
| 964.9 | POISONING BY UNSPECIFIED AGENT AFFECTING BLOOD CONSTITUENTS |
| 965.00 | POISONING BY OPIUM (ALKALOIDS) UNSPECIFIED |
| 965.01 | POISONING BY HEROIN |
| 965.02 | POISONING BY METHADONE |
| 965.09 | POISONING BY OTHER OPIATES AND RELATED NARCOTICS |
| 965.1 | POISONING BY SALICYLATES |
| 965.4 | POISONING BY AROMATIC ANALGESICS NOT ELSEWHERE CLASSIFIED |
| 965.5 | POISONING BY PYRAZOLE DERIVATIVES |
| 965.61 | POISONING BY PROPIONIC ACID DERIVATIVES |
| 965.69 | POISONING BY OTHER ANTIRHEUMATICS |
| 965.7 | POISONING BY OTHER NON-NARCOTIC ANALGESICS |
| 965.8 | POISONING BY OTHER SPECIFIED ANALGESICS AND ANTIPYRETICS |
| 965.9 | POISONING BY UNSPECIFIED ANALGESIC AND ANTIPYRETIC |
| 966.0 | POISONING BY OXAZOLIDINE DERIVATIVES |
| 966.1 | POISONING BY HYDANTOIN DERIVATIVES |
| 966.2 | POISONING BY SUCCINIMIDES |
| 966.3 | POISONING BY OTHER AND UNSPECIFIED ANTICONVULSANTS |
| 966.4 | POISONING BY ANTI-PARKINSONISM DRUGS |
| 967.0 | POISONING BY BARBITURATES |
| 967.1 | POISONING BY CHLORAL HYDRATE GROUP |
| 967.2 | POISONING BY PARALDEHYDE |
| 967.3 | POISONING BY BROMINE COMPOUNDS |
| 967.4 | POISONING BY METHAQUALONE COMPOUNDS |
| 967.5 | POISONING BY GLUTETHIMIDE GROUP |
| 967.6 | POISONING BY MIXED SEDATIVES NOT ELSEWHERE CLASSIFIED |
| 967.8 | POISONING BY OTHER SEDATIVES AND HYPNOTICS |
| 967.9 | POISONING BY UNSPECIFIED SEDATIVE OR HYPNOTIC |
| 968.0 | POISONING BY CENTRAL NERVOUS SYSTEM MUSCLE-TONE DEPRESSANTS |
| 968.1 | POISONING BY HALOTHANE |
| 968.2 | POISONING BY OTHER GASEOUS ANESTHETICS |
| 968.3 | POISONING BY INTRAVENOUS ANESTHETICS |
| 968.4 | POISONING BY OTHER AND UNSPECIFIED GENERAL ANESTHETICS |
| 968.5 | SURFACE (TOPICAL) AND INFILTRATION ANESTHETICS |
| 968.6 | POISONING BY PERIPHERAL NERVE- AND PLEXUS-BLOCKING ANESTHETICS |
| 968.7 | POISONING BY SPINAL ANESTHETICS |
| 968.9 | POISONING BY OTHER AND UNSPECIFIED LOCAL ANESTHETICS |
| 969.00 | POISONING BY ANTIDEPRESSANT, UNSPECIFIED |
| 969.01 | POISONING BY MONOAMINE OXIDASE INHIBITORS |
| 969.02 | |

| | POISONING BY SELECTIVE SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS |
|--------|--|
| 969.03 | POISONING BY SELECTIVE SEROTONIN REUPTAKE INHIBITORS |
| 969.04 | POISONING BY TETRACYCLIC ANTIDEPRESSANTS |
| 969.05 | POISONING BY TRICYCLIC ANTIDEPRESSANTS |
| 969.09 | POISONING BY OTHER ANTIDEPRESSANTS |
| 969.1 | POISONING BY PHENOTHIAZINE-BASED TRANQUILIZERS |
| 969.2 | POISONING BY BUTYROPHENONE-BASED TRANQUILIZERS |
| 969.3 | POISONING BY OTHER ANTIPSYCHOTICS NEUROLEPTICS AND MAJOR TRANQUILIZERS |
| 969.4 | POISONING BY BENZODIAZEPINE-BASED TRANQUILIZERS |
| 969.5 | POISONING BY OTHER TRANQUILIZERS |
| 969.6 | POISONING BY PSYCHODYSLEPTICS (HALLUCINOGENS) |
| 969.70 | POISONING BY PSYCHOSTIMULANT, UNSPECIFIED |
| 969.71 | POISONING BY CAFFEINE |
| 969.72 | POISONING BY AMPHETAMINES |
| 969.73 | POISONING BY METHYLPHENIDATE |
| 969.79 | POISONING BY OTHER PSYCHOSTIMULANTS |
| 969.8 | POISONING BY OTHER SPECIFIED PSYCHOTROPIC AGENTS |
| 969.9 | POISONING BY UNSPECIFIED PSYCHOTROPIC AGENT |
| 970.0 | POISONING BY ANALEPTICS |
| 970.1 | POISONING BY OPIATE ANTAGONISTS |
| 970.81 | POISONING BY COCAINE |
| 970.89 | POISONING BY OTHER CENTRAL NERVOUS SYSTEM STIMULANTS |
| 970.9 | POISONING BY UNSPECIFIED CENTRAL NERVOUS SYSTEM STIMULANT |
| 971.0 | POISONING BY PARASYMPATHOMIMETICS (CHOLINERGICS) |
| 971.1 | POISONING BY PARASYMPATHOLYTICS (ANTICHOLINERGICS AND ANTIMUSCARINICS) AND SPASMOLYTICS |
| 971.2 | POISONING BY SYMPATHOMIMETICS (ADRENERGICS) |
| 971.3 | POISONING BY SYMPATHOLYTICS (ANTIADRENERGICS) |
| 971.9 | POISONING BY UNSPECIFIED DRUG PRIMARILY AFFECTING AUTONOMIC NERVOUS SYSTEM |
| 972.0 | POISONING BY CARDIAC RHYTHM REGULATORS |
| 972.1 | POISONING BY CARDIOTONIC GLYCOSIDES AND DRUGS OF SIMILAR ACTION |
| 972.2 | POISONING BY ANTILIPEMIC AND ANTIARTERIOSCLEROTIC DRUGS |
| 972.3 | POISONING BY GANGLION-BLOCKING AGENTS |
| 972.4 | POISONING BY CORONARY VASODILATORS |
| 972.5 | POISONING BY OTHER VASODILATORS |
| 972.6 | POISONING BY OTHER ANTIHYPERTENSIVE AGENTS |
| 972.7 | POISONING BY ANTIVARICOSE DRUGS INCLUDING SCLEROSING AGENTS |
| 972.8 | POISONING BY CAPILLARY-ACTIVE DRUGS |
| 972.9 | POISONING BY OTHER AND UNSPECIFIED AGENTS PRIMARILY AFFECTING THE CARDIOVASCULAR SYSTEM |
| 973.0 | POISONING BY ANTACIDS AND ANTIGASTRIC SECRETION DRUGS |
| 973.1 | POISONING BY IRRITANT CATHARTICS |
| 973.2 | POISONING BY EMOLLIENT CATHARTICS |
| 973.3 | POISONING BY OTHER CATHARTICS INCLUDING INTESTINAL ATONIA |
| 973.4 | POISONING BY DIGESTANTS |
| 973.5 | POISONING BY ANTIDIARRHEAL DRUGS |
| 973.6 | POISONING BY EMETICS |
| 973.8 | |

| | POISONING BY OTHER SPECIFIED AGENTS PRIMARILY AFFECTING THE GASTROINTESTINAL SYSTEM |
|----------------|--|
| 973.9 | POISONING BY UNSPECIFIED AGENT PRIMARILY AFFECTING THE GASTROINTESTINAL SYSTEM |
| 974.0 | POISONING BY MERCURIAL DIURETICS |
| 974.1 | POISONING BY PURINE DERIVATIVE DIURETICS |
| 974.2 | POISONING BY CARBONIC ACID ANHYDRASE INHIBITORS |
| 974.3 | POISONING BY SALURETICS |
| 974.4 | POISONING BY OTHER DIURETICS |
| 974.5 | POISONING BY ELECTROLYTIC CALORIC AND WATER-BALANCE AGENTS |
| 974.6 | POISONING BY OTHER MINERAL SALTS NOT ELSEWHERE CLASSIFIED |
| 974.7 | POISONING BY URIC ACID METABOLISM DRUGS |
| 975.0 | POISONING BY OXYTOCIC AGENTS |
| 975.1 | POISONING BY SMOOTH MUSCLE RELAXANTS |
| 975.2 | POISONING BY SKELETAL MUSCLE RELAXANTS |
| 975.3 | POISONING BY OTHER AND UNSPECIFIED DRUGS ACTING ON MUSCLES |
| 975.4 | POISONING BY ANTITUSSIVES |
| 975.5 | POISONING BY EXPECTORANTS |
| 975.6 | POISONING BY ANTI-COMMON COLD DRUGS |
| 975.7 | POISONING BY ANTI-COMMON COLD DRUGS |
| 975.8 | POISONING BY ANNASTINIATION POISONING BY OTHER AND UNSPECIFIED RESPIRATORY DRUGS |
| 975.8 976.0 | POISONING BY LOCAL ANTI-INFECTIVES AND ANTI-INFLAMMATORY DRUGS |
| 976.0 976.1 | POISONING BY LOCAL ANTI-INFECTIVES AND ANTI-INFLAMMATORY DRUGS |
| | |
| 976.2 | POISONING BY LOCAL ASTRINGENTS AND LOCAL DETERGENTS |
| 976.3 | POISONING BY EMOLLIENTS DEMULCENTS AND PROTECTANTS |
| 976.4 | POISONING BY KERATOLYTICS KERATOPLASTICS OTHER HAIR TREATMENT DRUGS AND PREPARATIONS |
| 976.5 | POISONING BY EYE ANTI-INFECTIVES AND OTHER EYE DRUGS |
| 976.6 | POISONING BY ANTI-INFECTIVES AND OTHER DRUGS AND PREPARATIONS FOR EAR NOSE AND THROAT |
| 976.7 | POISONING BY DENTAL DRUGS TOPICALLY APPLIED |
| 976.8 | POISONING BY OTHER AGENTS PRIMARILY AFFECTING SKIN AND MUCOUS MEMBRANE |
| 976.9 | POISONING BY UNSPECIFIED AGENT PRIMARILY AFFECTING SKIN AND MUCOUS MEMBRANE |
| 977.0 | POISONING BY DIETETICS |
| 977.1 | POISONING BY LIPOTROPIC DRUGS |
| 977.2 | POISONING BY ANTIDOTES AND CHELATING AGENTS NOT ELSEWHERE CLASSIFIED |
| 977.3 | POISONING BY ALCOHOL DETERRENTS |
| 977.4 | POISONING BY PHARMACEUTICAL EXCIPIENTS |
| 977.8 | POISONING BY OTHER SPECIFIED DRUGS AND MEDICINAL SUBSTANCES |
| 977.9 | POISONING BY UNSPECIFIED DRUG OR MEDICINAL SUBSTANCE |
| 978.0 | POISONING BY BCG VACCINE |
| 978.1 | POISONING BY TYPHOID AND PARATYPHOID VACCINE |
| 978.2 | POISONING BY CHOLERA VACCINE |
| 978.3 | POISONING BY PLAGUE VACCINE |
| 978.4 | POISONING BY TETANUS VACCINE |
| 978.5 | POISONING BY DIPHTHERIA VACCINE |
| 978.6 | POISONING BY PERTUSSIS VACCINE INCLUDING COMBINATIONS WITH A PERTUSSIS COMPONENT |
| 978.8 | POISONING BY OTHER AND UNSPECIFIED BACTERIAL VACCINES |
| í | |

Printed on 11/15/2011. Page 28 of 34

| | POISONING BY MIXED BACTERIAL VACCINES EXCEPT COMBINATIONS WITH A PERTUSSIS COMPONENT |
|-------|---|
| 979.0 | POISONING BY SMALLPOX VACCINE |
| 979.1 | POISONING BY RABIES VACCINE |
| 979.2 | POISONING BY TYPHUS VACCINE |
| 979.3 | POISONING BY YELLOW FEVER VACCINE |
| 979.4 | POISONING BY MEASLES VACCINE |
| 979.5 | POISONING BY POLIOMYELITIS VACCINE |
| 979.6 | POISONING BY OTHER AND UNSPECIFIED VIRAL AND RICKETTSIAL VACCINES |
| 979.7 | POISONING BY MIXED VIRAL-RICKETTSIAL AND BACTERIAL VACCINES EXCEPT COMBINATIONS WITH A PERTUSSIS COMPONENT |
| 979.9 | POISONING BY OTHER AND UNSPECIFIED VACCINES AND BIOLOGICAL SUBSTANCES |
| 980.0 | TOXIC EFFECT OF ETHYL ALCOHOL |
| 980.1 | TOXIC EFFECT OF METHYL ALCOHOL |
| 980.2 | TOXIC EFFECT OF ISOPROPYL ALCOHOL |
| 980.3 | TOXIC EFFECT OF FUSEL OIL |
| 980.8 | TOXIC EFFECT OF OTHER SPECIFIED ALCOHOLS |
| 980.9 | TOXIC EFFECT OF UNSPECIFIED ALCOHOL |
| 981 | TOXIC EFFECT OF PETROLEUM PRODUCTS |
| 982.0 | TOXIC EFFECT OF BENZENE AND HOMOLOGUES |
| 982.1 | TOXIC EFFECT OF CARBON TETRACHLORIDE |
| 982.2 | TOXIC EFFECT OF CARBON DISULFIDE |
| 982.3 | TOXIC EFFECT OF OTHER CHLORINATED HYDROCARBON SOLVENTS |
| 982.4 | TOXIC EFFECT OF NITROGLYCOL |
| 982.8 | TOXIC EFFECT OF OTHER NONPETROLEUM-BASED SOLVENTS |
| 983.0 | TOXIC EFFECT OF CORROSIVE AROMATICS |
| 983.1 | TOXIC EFFECT OF ACIDS |
| 983.2 | TOXIC EFFECT OF CAUSTIC ALKALIS |
| 983.9 | TOXIC EFFECT OF CAUSTIC UNSPECIFIED |
| 984.0 | TOXIC EFFECT OF INORGANIC LEAD COMPOUNDS |
| 984.1 | TOXIC EFFECT OF ORGANIC LEAD COMPOUNDS |
| 984.8 | TOXIC EFFECT OF OTHER LEAD COMPOUNDS |
| 984.9 | TOXIC EFFECT OF UNSPECIFIED LEAD COMPOUND |
| 985.0 | TOXIC EFFECT OF MERCURY AND ITS COMPOUNDS |
| 985.1 | TOXIC EFFECT OF ARSENIC AND ITS COMPOUNDS |
| 985.2 | TOXIC EFFECT OF MANGANESE AND ITS COMPOUNDS |
| 985.3 | TOXIC EFFECT OF BERYLLIUM AND ITS COMPOUNDS |
| 985.4 | TOXIC EFFECT OF ANTIMONY AND ITS COMPOUNDS |
| 985.5 | TOXIC EFFECT OF CADMIUM AND ITS COMPOUNDS |
| 985.6 | TOXIC EFFECT OF CHROMIUM |
| 985.8 | TOXIC EFFECT OF OTHER SPECIFIED METALS |
| 985.9 | TOXIC EFFECT OF UNSPECIFIED METAL |
| 986 | TOXIC EFFECT OF CARBON MONOXIDE |
| 987.0 | TOXIC EFFECT OF LIQUEFIED PETROLEUM GASES |
| 987.1 | TOXIC EFFECT OF OTHER HYDROCARBON GAS |
| 987.2 | TOXIC EFFECT OF NITROGEN OXIDES |
| 987.3 | TOXIC EFFECT OF SULFUR DIOXIDE |
| 987.4 | TOXIC EFFECT OF FREON |
| 987.5 | TOXIC EFFECT OF LACRIMOGENIC GAS |
| 987.6 | TOXIC EFFECT OF CHLORINE GAS |
| 987.7 | TOXIC EFFECT OF HYDROCYANIC ACID GAS |
| | 5/2011. Page 29 of 34 |

Printed on 11/15/2011. Page 29 of 34

| 987.8 | TOXIC EFFECT OF OTHER SPECIFIED GASES FUMES OR VAPORS |
|--------|--|
| 987.9 | TOXIC EFFECT OF UNSPECIFIED GAS FUME OR VAPOR |
| 988.0 | TOXIC EFFECT OF FISH AND SHELLFISH EATEN AS FOOD |
| 988.1 | TOXIC EFFECT OF MUSHROOMS EATEN AS FOOD |
| 988.2 | TOXIC EFFECT OF BERRIES AND OTHER PLANTS EATEN AS FOOD |
| 988.8 | TOXIC EFFECT OF OTHER SPECIFIED NOXIOUS SUBSTANCES EATEN AS FOOD |
| 988.9 | TOXIC EFFECT OF UNSPECIFIED NOXIOUS SUBSTANCE EATEN AS FOOD |
| 989.0 | TOXIC EFFECT OF HYDROCYANIC ACID AND CYANIDES |
| 989.1 | TOXIC EFFECT OF STRYCHNINE AND SALTS |
| 989.2 | TOXIC EFFECT OF CHLORINATED HYDROCARBONS |
| 989.3 | TOXIC EFFECT OF ORGANOPHOSPHATE AND CARBAMATE |
| 989.4 | TOXIC EFFECT OF OTHER PESTICIDES NOT ELSEWHERE CLASSIFIED |
| 989.5 | TOXIC EFFECT OF VENOM |
| 989.6 | TOXIC EFFECT OF SOAPS AND DETERGENTS |
| 989.7 | TOXIC EFFECT OF AFLATOXIN AND OTHER MYCOTOXIN (FOOD CONTAMINANTS) |
| 989.81 | TOXIC EFFECT OF ASBESTOS |
| 989.82 | TOXIC EFFECT OF LATEX |
| 989.83 | TOXIC EFFECT OF SILICONE |
| 989.84 | TOXIC EFFECT OF TOBACCO |
| 989.89 | TOXIC EFFECT OF OTHER SUBSTANCE CHIEFLY NONMEDICINAL AS TO SOURCE NOT ELSEWHERE CLASSIFIED |
| 994.1 | DROWNING AND NONFATAL SUBMERSION |
| 994.7 | ASPHYXIATION AND STRANGULATION |
| 997.31 | VENTILATOR ASSOCIATED PNEUMONIA |
| 997.32 | POSTPROCEDURAL ASPIRATION PNEUMONIA |
| 997.39 | OTHER RESPIRATORY COMPLICATIONS |
| V42.6 | LUNG REPLACED BY TRANSPLANT |
| V58.69 | LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS |
| V67.2 | FOLLOW-UP EXAMINATION FOLLOWING CHEMOTHERAPY |
| V67.51 | FOLLOW-UP EXAMINATION FOLLOWING COMPLETED TREATMENT WITH HIGH-RISK MEDICATION NOT ELSEWHERE CLASSIFIED |

These are the **only** covered ICD-9-CM Codes for CPT codes **94762**:

| 327.21* | PRIMARY CENTRAL SLEEP APNEA |
|---------|---|
| 327.22* | HIGH ALTITUDE PERIODIC BREATHING |
| 327.23* | OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) |
| 327.24* | IDIOPATHIC SLEEP RELATED NON OBSTRUCTIVE ALVEOLAR HYPOVENTILATION |
| 327.25* | CONGENITAL CENTRAL ALVEOLAR HYPOVENTILATION SYNDROME |
| 327.26* | SLEEP RELATED HYPOVENTILATION/HYPOXEMIA IN CONDITIONS CLASSIFIABLE ELSEWHERE |
| 327.27* | CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE |
| 416.0 | PRIMARY PULMONARY HYPERTENSION |
| 416.8* | OTHER CHRONIC PULMONARY HEART DISEASES |
| 416.9* | CHRONIC PULMONARY HEART DISEASE UNSPECIFIED |
| 428.0* | CONGESTIVE HEART FAILURE UNSPECIFIED |
| 428.1* | LEFT HEART FAILURE |
| 428.20* | UNSPECIFIED SYSTOLIC HEART FAILURE |
| 428.21* | ACUTE SYSTOLIC HEART FAILURE |
| 428.22* | CHRONIC SYSTOLIC HEART FAILURE |
| 428.23* | ACUTE ON CHRONIC SYSTOLIC HEART FAILURE |
| 428.30* | UNSPECIFIED DIASTOLIC HEART FAILURE |

Printed on 11/15/2011. Page 30 of 34

| 428.31* | ACUTE DIASTOLIC HEART FAILURE |
|---------|--|
| 428.32* | CHRONIC DIASTOLIC HEART FAILURE |
| 428.33* | ACUTE ON CHRONIC DIASTOLIC HEART FAILURE |
| 428.40* | UNSPECIFIED COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE |
| 428.41* | ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE |
| 428.42* | CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE |
| 428.43* | ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE |
| 428.9* | HEART FAILURE UNSPECIFIED |
| 492.8* | OTHER EMPHYSEMA |
| 496* | CHRONIC AIRWAY OBSTRUCTION NOT ELSEWHERE CLASSIFIED |
| 780.09 | ALTERATION OF CONSCIOUSNESS OTHER |
| 780.51 | INSOMNIA WITH SLEEP APNEA, UNSPECIFIED |
| 780.53 | HYPERSOMNIA WITH SLEEP APNEA, UNSPECIFIED |
| 780.54* | HYPERSOMNIA, UNSPECIFIED |
| 780.57 | UNSPECIFIED SLEEP APNEA |
| 799.01* | ASPHYXIA |
| 799.02* | HYPOXEMIA |
| | · · · · · · · · · · · · · · · · · · · |

*These codes are to be used only for those patients, who exhibit signs and symptoms of oxygen deprivation (supported by the patient's medical record).

Diagnoses that Support Medical Necessity

All diagnoses listed in ICD-9-CM Codes That Support Medical Necessity above.

ICD-9 Codes that DO NOT Support Medical Necessity

All diagnoses not listed in ICD-9-CM Codes That Support Medical Necessity above.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

All diagnoses <u>not</u> listed in ICD-9-CM Codes That Support Medical Necessity above. Back to Top

General Information

Documentations Requirements

Information in the patient's record must support the medical necessity of the procedure.

Continuous overnight monitoring in the home (94762) is covered only when the results are reliable in that setting. The patient's record must document that the oximeter is present and self-sealed and cannot be adjusted by the patient. In addition, the device must provide a printout which documents an adequate number of sampling hours (a minimum of four hours should be recorded), percent of oxygen saturation and an aggregate of the results. This information must be available if requested.

The medical record must be made available to Medicare upon request.

Office or home health care records or certification of medical necessity should clearly document the reason for the testing, its frequency and the results. An appropriate history and physical exam and progress notes must also be available for review.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary.

When requesting a written redetermination (formerly appeal), providers must include all relevant documentation with the request.

Appendices

Utilization Guidelines Only one number of services per day will be allowed for testing at a reasonable frequency and if medically necessary regardless of whether the patient is sitting, standing, or lying, with or without exercise or oxygen use, unless medical necessity can be demonstrated for additional needs.

More frequent testing may be allowed when there is documentation of an acute exacerbation of a chronic pulmonary disease or other acute illnesses with signs indicating or suggesting increased hypoxemia.

Sources of Information and Basis for Decision

Braunwald E, et al. eds. Harrison's Principles of Internal Medicine. New York: McGraw-Hill;2005.

Michota FA. ed. Diagnostic Procedure Handbook. Cleveland: Lexi-Comp Inc; 2001.

Advisory Committee Meeting Notes This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which include representatives from the affected provider community.

Contractor Advisory Committee meeting dates:

California -Hawaii -Nevada -

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period 06/16/2008

Revision History Number Revision #8

Revision History Explanation Revision #8 effective for dates of service on or after 10/01/2011 Revisions made: Under 'CMS National Coverage Policy' revised Pub 100-08, *Medicare Program Integrity Manual*, Chapter 3, §3.4.1.1.G diagnosis requirement to Pub 100-08, *Medicare Program Integrity Manual*, Chapter 3, §3.4.1.3,B diagnosis code requirement. Under 'ICD-9 Codes that Support Medical Necessity' deleted 512.8, 516.3, 518.5 & 793.1 and added 415.13, 508.2, 512.2, 512.81, 512.82, 512.83, 512.84, 512.89, 516.30, 516.31, 516.32, 516.33, 516.34, 516.35, 516.36, 516.37, 516.4, 516.5, 516.62, 516.63, 516.64, 516.69, 518.51, 518.52, 518.53, 573.5, 793.19 & 997.32. The descriptor for 968.5 was revised. This LCD is being revised due to the annual FY 2012 ICD-9-CM code update. This revision will become effective 10/01/2011.

Revision #7, effective for dates of service on or after 06/30/2011 Revisions made: Under 'CMS National Coverage Policy' updated citation Pub 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.1.G.

Revision #6, effective for dates of service on or after 10/01/2010 Revision made: Under ICD-9 Codes that Support Medical Necessity, the following codes were added per the Annual Update of International Classification of Diseases, Ninth Revision, Clinical Modifications (ICD-9 -CM) per CR 7006, Transmittal 2017, and dated August 4, 2010: 786.30, 786.31 and 786.39 to support the medical necessity of CPT codes 94760 and 94761. Removed invalid diagnosis code 786.3. Printed on 11/15/2011. Page 32 of 34

Revision #5 effective for dates of service on or after 10/01/2009.

Revisions made: Under "CMS National Coverage Policy" added citation Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 80.6.1, requirement for physician signature for diagnostic tests. Under "ICD-9 Codes that Support Medical Necessity" ICD-9 codes 277.88, 416.2 were added to support the medical necessity for CPT codes 94760 and 94761. ICD-9 codes 969.0 and 969.7 were expanded to 969.00, 969.01, 969.02, 969.03, 969.04, 969.05, 969.09, 969.70, 969.71, 969.72, 969.73, and 969.79. ICD-9 codes 793.1 and 793.2 descriptors were revised. This revision is per CMS Manual System, Publication 100-04, Medicare Claims Process Manual, Chapter 23, §10.2; Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), CR 6520, Transmittal 1770, dated July 10, 2009.

Revision #4 effective for dates of service on or after 07/16/2009

Revisions made: Under CMS National Coverage Policy added the following references: Title 42 Code of Federal Regulations, §410.32, specifies that all diagnostic tests "must be ordered by the physician who is treating the beneficiary," the Code of Federal Regulations (CFR), 42 CFR §411.15(k)(1), states any services that are not reasonable and necessary are excluded from coverage and CMS Manual System. Publication 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.1.E. states diagnosis codes required on all claims. Under Indications and Limitations of Coverage removed the following statements and placed them in a related article to this LCD as these statements were coding instructions: 1) When 94760 or 94761 are billed with an E/M code, they are always bundled into the E/M code. Routine oximetry is incident to a provider's service and therefore, like other vital sign measurements, bundled into the payment for the provider's service when billed with an E/M code. 2) When pulse oximetry for oxygen saturation is utilized to monitor a patient's respiratory status/oxygen saturation during a surgical procedure, the service is bundled into the surgical/anesthesia service and not separately reimbursable (i.e., anesthesia or provider surgical procedure). 3) Reimbursement for procedure code 94760 is included in the payment for procedure code 94761 when they are performed and billed for the same date of service. 4) These services may be performed in the home or office by a provider or by an independent diagnostic testing facility. 5) These CPT codes have only a technical component and, if performed in a hospital or outpatient, are not separately payable by Medicare Part B. The two paragraphs regarding frequency utilization were removed from this section of the LCD and placed in the Utilizations Guidelines section of the LCD. Under "ICD-9 Codes that Support Medical Necessity" subtitle Appendices removed the statement 2008 ICD-9-CM Updates – diagnosis code 415.12 has been added to the policy under the procedure codes 94760 and 94761, effective 10/1/2007. Under Utilization Guidelines placed the following paragraphs regarding frequency in this section of the LCD: 1) Only one number of services per day will be allowed for testing at a reasonable frequency and if medically necessary regardless of whether the patient is sitting, standing, or lying, with or without exercise or oxygen use, unless medical necessity can be demonstrated for additional needs. 2) More frequent testing may be allowed when there is documentation of an acute exacerbation of a chronic pulmonary disease or other acute illnesses with signs indicating or suggesting increased hypoxemia.

Revision #3, 02/26/2009

This LCD is being revised to implement the streamlining of the Part B LCDs per the published article "Palmetto Team to Streamline Part B LCDs in Jurisdiction 1 (J1)." This article can be viewed at www.PalmettoGBA.com by searching for the above article name. This revision will become effective on 02/26/2009.

Revision #2, 10/01/2008

This LCD is being revised due to the annual FY20009 ICD-9-CM code update. Under "ICD-9 Codes that Support Medical Necessity" section added 136.21, 136.29, 482.42, 511.81, 511.89, 997.31, and 997.39 to support medical necessity for the following CPT codes: 94760, 94761. The verbiage for ICD-9 code 482.41 was revised. ICD-9 code 511.8 was expanded to a 5th digit to read 511.82 and 511.89 and 997.3 was expanded to read 997.31 and 997.39. Under "Documentation Requirements" section removed duplicate SSA citation. "Sources of Information and Basis for Decision" references were placed in the AMA citation format. This revision will become effective 10/01/2008.

Revision #1, 09/02/2008

This LCD is being revised to add Bill Type 999X because the automated system transcription process was incomplete.

08/10/2008 - This policy was updated by the ICD-9 2008-2009 Annual Update.

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

09/06/2010 - This policy was updated by the ICD-9 2010-2011 Annual Update.

08/27/2011 - This policy was updated by the ICD-9 2011-2012 Annual Update.

Reason for Change

Related Documents Article(s) A49272 - Pulse Oximetry Supplemental Instructions Article

LCD Attachments There are no attachments for this LCD.

Back to Top

All Versions

Updated on 09/14/2011 with effective dates 10/01/2011 - N/A Updated on 06/23/2011 with effective dates 06/30/2011 - 09/30/2011 Updated on 09/10/2010 with effective dates 10/01/2010 - 06/29/2011 Updated on 07/02/2010 with effective dates 10/01/2009 - 09/30/2010 Updated on 08/21/2009 with effective dates 10/01/2009 - N/A Some older versions have been archived. Please visit the MCD Archive Site to retrieve them. Read the **LCD Disclaimer** Back to Top